

**PHOEBE NEEDLES CENTER, INC.**  
**Summer Camp @ Phoebe Needles 2021**  
**Participant Informed Assumption of Risk, Consent and Release Form**

Full Name of Participant (print) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Date of participation \_\_\_\_\_

**Parent/Guardian Informed Assumption of Risk, Consent and Release**

A parent/guardian of participants under 18 years of age should thoroughly discuss this form with your child and complete the portion at the bottom.

In consideration of PHOEBE NEEDLES CENTER, INC. furnishing services, equipment, and leadership to enable my child to participate, I agree as follows:

- I understand that participation in the Summer Camp @ Phoebe Needles 2021 is designed for persons aged 10 and older, and
- I permit photos and video of activities that may include my child to be used in camp promotion without liability or remuneration, and
- I understand that climbing at any height may have inherent risks and that participation may involve accidents that could result in injury or death, and such hazards exist in use of climbing equipment, and
- I understand that PHOEBE NEEDLES CENTER, INC. Ropes Course staff is fully trained and experienced in facilitation of Ropes Challenge Course activities, that PHOEBE NEEDLES CENTER, INC. adheres to the latest and highest standards of Ropes Course construction, facilitation, equipment, and procedures as defined by PHOEBE NEEDLES CENTER, INC.'S membership in the Association for Challenge Course Technology and the American Camp Association, that PHOEBE NEEDLES CENTER, INC. uses only approved equipment that is scrutinized for safety, and
- I hereby assume all risks and dangers and all responsibility for any losses and/or damages, and
- I understand that PHOEBE NEEDLES CENTER, INC. provides no medical insurance coverage for my child, and that I am responsible for my child's primary medical insurance coverage, and
- I indemnify and hold harmless PHOEBE NEEDLES CENTER, INC., and its staff and Board of Directors from any and all liability, claims, damage, injury, or illness sustained by my child, and
- I have read this assumption of risk, waiver and release, and by signing it agree

Participant name (first and last) \_\_\_\_\_ Date \_\_\_\_\_

Allergies (If none, so state) \_\_\_\_\_

Medical, emotional, or psychological problems (list or state none) \_\_\_\_\_

Parent/guardian printed name \_\_\_\_\_

Parent/guardian signature \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_

*Completed form must be returned to lead facilitator at PHOEBE NEEDLES CENTER, INC. prior to participation.*