

# Deer Valley Meadows Consent and Waiver Form

**Activity: All activities**

## Parent/Guardian Authorization

I am aware in signing this statement of consent for my and/or my child's participation in Deer Valley Meadows Challenge Activities at Deer Valley Meadows Camp that certain activities are physically demanding. Therefore, physical fitness will increase the enjoyment and ability to participate in the activity. If there is any question of ability to participate, I will inform DVMC staff prior to allowing myself or my child to participate. While it is impossible to foresee all possible dangers, I acknowledge the nature of the activities and the fact that not all the stresses and hazards connected with the activities can be foreseen. The participant in this/these activities has the personal responsibility to follow established rules and procedures associated with each activity. If, at any time the participant has questions about the activity, he or she has the responsibility to consult the instructor.

I recognize that there is a significant element of risk in any adventure, sport, or activity. Knowing the inherent risks, dangers, and rigors involved in the activities, I permit myself and/or my child to participate in the activities of this/these activities.

I accept full responsibility for myself or my child in the case of bodily injury, death, loss of personal property and expenses thereof, as a result of my/his/her negligence and waive any claims or demands which I or any member of my family may have against Deer Valley Meadows Camp.

I understand that in case of emergency, every effort will be made to contact me. If I cannot be reached at the numbers supplied, I hereby give permission to the physician selected by the camp to hospitalize, secure treatment for, and to order injection, anaesthesia, or surgery for my child as named herein.

I also give permission for the use of photography and video recordings of myself or child in camp publicity.

Name of Participant \_\_\_\_\_

Signature (if 18 or older)

I understand that by typing my name acts as a signature, if I choose to do so

\_\_\_\_\_

## Signature of Parent/Guardian of all under 18 participants

By signing below, I agree to the above.

Signature \_\_\_\_\_ Date \_\_\_\_\_