



Tall Oaks Conference Center – Activities Waiver

Participant’s Waiver, Release, and Indemnity Agreement

Date of Activity _____

Participant _____

Participant’s Address _____

Participant’s Phone Number _____

Activities: (Check all that apply)

Low Ropes

High Ropes

Archery

Wagon Ride

I wish to participate in the activities checked above at **Tall Oaks Conference Center**. As a condition of my being allowed to do so, I hereby voluntarily and absolutely release and discharge **Tall Oaks Conference Center /United Camps, Conferences, & Retreats**, and its constituent organizations and their offices, agents and employees, from any and all loss or damages or actions or causes of action for personal injury, property damage, or wrongful death that I may suffer as a result of my participation in the selected activities or occurring by the use of facilities or equipment; whether or not such injuries or damages are caused by the negligence (active or passive) of any of the entities or individual named above.

I hereby warrant and represent that I am physically fit and capable of taking part in such activity. I make this warranty and representation on the basis of advice given me by a duly licensed medical doctor or dentist within the last six months, and I know of no change in my medical condition since receiving such advice that would affect the opinion of said medical doctor or dentist.

I agree to abide by the rules and regulations governing chosen activities and to obey any instructions given by the person or persons having supervision and control over these activities.

I will indemnify and hold harmless **Tall Oaks Conference Center /United Camps, Conferences, & Retreats** and its officers, agents, servants or employees from any and all claims or causes of action by myself or by any other person or entity, and under no circumstances will present any claims against said organization and said persons for personal injury, property damage, wrongful death caused by any act of negligence **Tall Oaks Conference Center /United Camps, Conferences, & Retreats**

I authorize the making of photographs, motion pictures, videotapes, recordings, or other memorializing of said event and my participation therein, and the publication or other use thereof. I waive any right to compensation thereof or any right that I otherwise might have to limit or control such making or use.

I Agree to **one** of the following (please check):

_____ I warrant and represent that I am eighteen years of age or over and am fully aware of and understand the terms and legal consequences of the signing of this Waiver and Release. I intend my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.

Signature of Participant

Date

_____ I warrant and represent **_____** a minor (under the age of eighteen years old) and am fully aware and understand the terms and consequences of the signing of this Waiver and Release. I intend my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.

Signature of **Parent**/Legal Guardian

Date

Signature of **Participant** (minor)

Date

