



Event Participation Agreement

I acknowledge that participation in the Event described below (the “Event”) involves risk to the Participant (and to Participant’s parents or guardians, if Participant is a minor), and may result in various types of injury including, but not limited to, the following: sickness, bodily injury, death, emotional injury, personal injury, property damage and financial damage. In consideration for the opportunity to participate in the Event , the Participant (or parent/guardian if Participant is a minor) acknowledges and accepts the risks of injury associated with participation in and transportation to and from the Event. The Participant (or parent/guardian) accepts personal financial responsibility for any injury or other loss sustained during the Event or during transportation to and from the Event, as well as for any medical treatment rendered to the Participant that is authorized by the Sponsor, the Event Location, and/or collectively their agents, employees, volunteers, or any other representatives (collectively referred to hereinafter as the “Event Sponsor and Event Location”). Further, the Participant (or parent/guardian) releases and promises to indemnify, defend, and hold harmless the Event Sponsor and/or Event Location for any injury arising directly or indirectly out of the described Event or transportation to and from the Event, whether such injury arises out of the negligence of the Event Sponsor and/or Event Location, the Participant, or otherwise. If a dispute over this agreement or any claim for damages arises, the Participant (or parent/guardian) agrees to resolve the matter through a mutually acceptable alternative dispute resolution process. If the Participant (or parent/guardian) and the Event Sponsor and/or Event Location cannot agree upon such a process, the dispute will be submitted to a three-member arbitration panel for resolution pursuant to the rules of the American Arbitration Association.

I understand that neither the Event Sponsor nor the Event Location carry Camper Medical Insurance for this event. As such, I accept financial responsibility for any medical expenses to the Participant, which may arise from participation in this Event.

Event Location: Refreshing Mountain Camp, Inc.

Event Name / Sponsoring Organization (i.e. church, school, business)

Date(s) of Event

Participant Name (Printed)

Contact Phone

Signature of Participant (IF participant is 18 or older) OR Signature of Parent/Guardian (if participant is under 18)