

Camp Allen's Participant Acknowledgement and Assumption of Risk/Release Agreement

Your safety is important to us. Please read this document carefully. It affects the legal rights of you and any child of yours who might be a visitor to Camp Allen. This document must be signed by all adults (eighteen years and older) and the parents of all minor visitors before participating in any activities at Camp Allen which include horseback riding, nature walks, aquatic activities, skeet shooting and challenge course elements among others.

I understand that the event or activity may itself present certain hazards and risks which may involve the user of Camp facilities and equipment and the services of the Camp staff, all of which may include the possibility of harm or loss to me, or the child. I am the parent or guardian of a child who is visiting the Camp. I have discussed these activities and risks with the child, who understands them. I acknowledge that I have fully satisfied myself as to the nature of the activity or activities that I will be participating in, the risks associated with each activity, and my responsibility to know my limits and comply with the safety standards.

Agreement of Release and Indemnity

I affirm that my health or that of the child is good and that I know of no reason why participation in the activities might cause harm to the child, others, or me. I have chosen to participate in an activity and accept full responsibility for my choices. I agree for myself and, if I am a parent or guardian of a visiting child, on behalf of that child, to release and agree not to sue the Camp Allen Camp and Conference Center, The Episcopal Diocese of Texas, and the affiliate, Governing Boards, staff and contractors of each (released parties) from any claim which I may have for injury, death or other loss incurred in any way related to my visit to the Camp.

Parents sign this agreement for him or her and, to the maximum extent allowed by law, on behalf of each minor child who is a visitor. The acknowledgement and assumption of risks and the agreements of release and indemnity include losses and claims arising in whole or part from the negligence, but not the gross negligence or intentionally wrong conduct, of a released party.

Authorization for Emergency Medical Treatment

In the event emergency aid/treatment is required due to illness during the process of receiving services, or while being on the property of Camp Allen, I authorize Camp Allen personnel to:

1. Secure and retain medical treatment and transportation, if needed.
2. Release guest records upon request to the authorized individual involved in the medical emergency.

This release is binding upon my heirs, executors, and assigns.

If at any time your behavior or actions are found to be unsafe, you may be asked not to participate.

Name (Please Print) _____	Date of Birth _____
Minors Names/Age _____	_____
_____	_____
Your Health Insurance Company: _____	_____
Your Address _____	_____
Phone (work) _____	Phone (home) _____
Emergency Contact Person _____	Phone _____

Please sign release and initial all activities that you plan to participate in while at Camp Allen. Reservations, release forms and payment must occur at least one hour before planned activity. This agreement and reservations are non-transferable. Have a safety conscious attitude and take seriously all safety guidelines presented by your instructor or facilitator.

_____ **Horseback Riding** **Date:** _____ **Time** _____
initial Minimum age is 10 yrs. old; Minimum age for arena rides: 6 yrs.; Max. Weight: 250 lbs.; One person per horse.
Under Texas Law (Chapter 87, Civil Practice and Remedies Code), an equine professional is not liable for injuries equine activities resulting from the inherent risks of equine activities.

_____ **Nature Walk Activities** **Date:** _____ **Time** _____
initial Wear appropriate clothing and sturdy, closed toed shoes that won't slip or slide off. Long sleeves, a hat, sunglasses, and sunscreen are recommended.

_____ **Aquatic Activities (Canoeing) (\$10)** **Date:** _____ **Time** _____
initial Wear appropriate clothing. In order to participate, you must wear a life jacket at all times. Any personal items that you do not want to get wet should be left on dry land. If at any time your behavior is unsafe you may be asked not to participate.

_____ **Skeet Shooting (\$30)** **Date:** _____ **Time** _____
initial Camp Allen will provide all equipment. No other weapons are allowed on the premises. You should stay behind the protective barriers while shooters are in their position. Age minimum for skeet shooting is 12 years old if accompanied by parent or guardian.

_____ **Zip Line for the High School/Middle School only- No COST included in registration** **Date: Saturday Time 10:00 – 12:00**
initial Though there is an inherent risk to all challenge course activities, the following can help you reduce the risk of injury to yourself and others:
Always know you have the choice to not participant at any time. Wear appropriate clothing: sturdy, closed-toed shoes that won't slip or slide off.
The Challenge Course is a quoted activity fee.

_____ **Hike and Bike Trail Activities** **Date:** _____ **Time** _____
initial An adult (18yrs. or older) must sign release and accompany riders 10 yrs. & older. Bikes must be ridden on Hike and Bike Trail only. Wear appropriate clothing and sturdy, closed toed shoes that won't slip or slide off. Helmets should be worn at all times. Bikes are not allowed on trail during or after rain. Damages beyond normal wear and tear will be charged to customer. Give Pedestrians right of way at all times.

Signature X _____	Today's Date _____
(Signature of Participant or Parent/Legal Guardian if signing for minors)	
Group Name Arabic Church of Houston _____	Room#, Cabin, or Campsite _____
(For Camp Allen Personnel) Received by _____	

Total payment received _____ paid by Credit Card ____ Cash ____ Check ____ Group billed_X ____