

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

To Camp Allen visitors and participants:

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, and skeet shooting among others.

I understand that the event or activity for which I, or the child who is visiting Camp Allen, 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.

By signing below, 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 set forth by Camp Allen.

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 Church, 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 or the child's 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.

Name (Please Print) _____ Date of Birth _____

Minors Names/Ages _____

Signature X _____ **Today's Date** _____

(Signature of Participant or Parent/Legal Guardian if signing for minors)

Your Health Insurance Company: _____

Your Address _____

Phone (work) _____ Phone (home) _____

Emergency Contact Person _____ Phone _____

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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.

_____ **Horseback Riding (\$20 per trail ride and \$25 per arena ride)**
initial _____ Minimum age for trail rides is 10 years old; Minimum age for arena rides: 5 yrs.
Maximum Weight: 250 pounds; one person per horse (no doubling)
Under Texas Law (Chapter 87, Civil Practice and Remedies Code), an equine professional is not liable for injury to or the death of a participant in equine activities resulting from the inherent risks of equine activities.
Horseback riding date and time _____ **Name/age** _____
Horseback riding date and time _____ **Name/age** _____
Horseback riding date and time _____ **Name/age** _____

_____ **Nature Walk Activities (\$ 5 per person)**
initial _____ Have a safety conscious attitude and take seriously guidelines presented by your guide. Wear appropriate clothing and sturdy, closed toed shoes that won't slip or slide off. Long sleeves, a hat, sunglasses, and sunscreen are recommended. If at any time your behavior or actions are found to be unsafe, you may be asked not to participate.
Nature Walk date and time _____

_____ **Aquatic Activities (\$5 per person)**
initial _____ Have a safety conscious attitude and take seriously all safety guidelines presented by your instructor. Secondly, 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.
Aquatic activity date and time _____ **Name/age** _____
Aquatic activity date and time _____ **Name/age** _____
Aquatic activity date and time _____ **Name/age** _____

Participant's Name _____ **Group Name** St. Stephen's Episcopal Church Houston
Room # Campsite 3