

Wanderers Release, Waiver and Consent Form

I, the undersigned, as a parent/legal guardian of the named child, in consideration of the services of Wanderers Summer Camp, Inc, their agents, owners, participants, employees, and all other persons or entities acting in any capacity on their behalf (herein after collectively referred to as "WSC") hereby agree to release, indemnify, and discharge WSC, on behalf of myself, my spouse, my children, my parents, my heirs, assigns, personal representative and estate as follows:

1. I acknowledge that participation in, hiking, water wading, nature exploration, and other outdoor activities entail known and unanticipated risks that could result in physical or emotional injury, paralysis, death, or damage to my child, to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activities.

At any time, your child is free to withdraw from participation in activities (as listed above) and their potential for: drowning, slips and falls and falling; pinches, scrapes, twists and jolts that could result in scratches, bruises, lacerations, fractures, concussions, or even more severe life threatening hazards. During an activity there may be contact with plants, animals or insects that could create hazards such as stings, allergies, and associated diseases. Furthermore, WSC employees have difficult jobs to perform. They seek safety, but they are not infallible. They might be unaware of a child's fitness or abilities. They might misjudge the weather or other environmental conditions. They may give incomplete warnings or instructions.

2. I expressly agree and promise to inform my child of the risks existing in WSC programs. My child's participation in WSC programs is purely voluntary, and I elect to allow him/her to participate in spite of the risks.
3. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless WSC from any and all claims, demands, or causes of action, which are in any way connected with my child's participation in summer camp activities or his/her use of WSC's equipment or facilities, **including any such claims which allege negligent acts or omissions of WSC.**
4. I certify that I have adequate insurance to cover any injury or damages my child may cause or suffer while participating, or else I agree to bear the costs of such injury or damage myself. I further certify that I am willing to assume the risk of any medical or physical condition my child may have.
5. In the event that I file a lawsuit against WSC, I agree to do so solely in the state of California, and I further agree that the substantive law of California shall apply in that action without regard to the conflict of law rules of that state. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining document shall remain in full force and effect.
6. I realize that any photos taken of my child during WSC programs become property of WSC and may be used in printed literature or marketing materials. I realize there will be no compensation for the use of said photos.

If you DO NOT want your child's photo used in marketing materials, please initial here _____.

Authorization for Treatment: I hereby give permission to WSC staff to provide basic first aid treatment & care to my child within the scope of their training. I also give permission to the medical personnel selected by the camp director to order x-rays, routine tests, and treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for my child including transportation in private vehicles if necessary. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the program director to secure and administer treatment, including hospitalization, for the person named above. This form may be photocopied for use on off site trips and programs.

Participant Expectations: I acknowledge that I have read, understand, and discussed with my child the Wanderers Summer Camp Expectations.

Camp Transportation: I acknowledge that my child will be transported by 8-passenger SUV to and from the hiking trailhead each day of camp

By signing this document, I acknowledge that I have had sufficient opportunity to read this entire document. I have read and understood it, agree to be bound by its terms & consent to my child's participation in Wanderers Summer Camp activities.

Parent/Guardian's Printed Name _____

Parent/Guardian's Signature _____ Date _____

Camper's Printed Name _____ Session(s) _____