



Adult and Minor Informed Participant Consent Form

I, the undersigned, being the legal guardian of a minor, or at least 18 years of age, and for myself, my personal representatives, my estate, heirs, next of kin, and in consideration for the opportunity to participate in the event described below do hereby sign this waiver, release and indemnity agreement. I certify that I have reviewed this agreement and sign it voluntarily of my own free will.

Group Name: Red Rock Center for Independence (RRCI)

Event: Annual Campout

Location: Pine Valley Campsite

Activity Description: Camping over night

Transportation to and from activity: Provided as needed

I understand and certify that I am voluntarily choosing to participate in the RRCI annual campout and will not hold RRCI responsible for known and unanticipated risks and dangers. I recognize that participation in a RRCI campout may involve moderate to strenuous physical activity and may cause physical and or emotional distress to participants. There may also be associated health risks. These risks and dangers include, but are not limited to, falls, illness or disease, physical or mental injury, or death of myself or other persons. I understand injuries that may result from my participation in scheduled or unscheduled activities related to this program include, but are not limited to: cuts, bruises, sprained joints, broken bones, psychological trauma, infection, and death. I state that I am free from any known heart, respiratory, or other health problems that could prevent me from doing these activities.

Liability Release

I agree to release, acquit and forever discharge Red Rock Center for Independence, its employees, agents, volunteers, directors, and organizers from any and all liability, claims, demands, actions and causes of actions whatsoever that I may have, or which occurs in favor of my executor, administrators, or representatives resulting from or arising out of my participation in this event. I agree to defend, indemnify and hold all harmless of all entities or persons named above from any claim, demand, actions or causes of action whatsoever for any loss, claim, damage, injury, illness or harm of any kind or nature arising from any accident or injury resulting from my participation in this event.

Photography Release

I hereby grant absolute rights and permission to RRCI staff to take photographic portraits of me for media purposes.

I have read and understand the nature of the activity and its inherent risks and I knowingly give consent for participation.

Participants Printed Name _____ Date _____

Participant/Legal Guardian's Signature _____