



**Highlands Presbyterian Camp and Retreat Center  
General Activity Release of Liability Form**

**Group Name:** \_\_\_\_\_ **Date(s) Participating:** \_\_\_\_\_

Any person using the Challenge Course, Climbing Rock, Archery Range, a Guided Hike, Mountain Bikes, or Canoeing Pond at Highlands Presbyterian Camp and Retreat Center must sign a Release of Liability Form to participate. Please complete and return to Highlands Presbyterian Camp and Retreat Center.

**Medical Information:**

I am aware that participating in any physical activity may be dangerous. Because of the inherent dangers of participation in such activities, I recognize that importance of following directions of the facilitator/instructor and agree to obey such facilitator/instructor to the best of my ability.

So that a facilitator/instructor may be properly informed, I fully disclose the following medical information. (If “nothing,” please so indicate).

I am currently under a doctor’s care for:

\_\_\_\_\_

I am currently taking the following medication(s):

\_\_\_\_\_

I am allergic to the following medication(s), food, or allergen(s):

\_\_\_\_\_

The following medical condition(s) might affect my participation:

\_\_\_\_\_

**Release of Liability:**

I understand that any part of the Highlands Presbyterian Camp and Retreat Center’s guided activities (Mountain Biking, Rock Climbing, Challenge Course, Guided Hike, Canoeing, or Archery) may be physically and/or emotionally demanding. I affirm that my health is good, and that I am not under a physician’s care for any undisclosed condition that bears upon my fitness to participate in any of the activities listed above. I understand that each participant must assume the risk of physical injury that could result from any of these activities. I hereby consent to first aid and/or emergency medical care for treatment of injuries that I may sustain while participating in any activity associated with Highlands Presbyterian Camp and Retreat Center. I understand that by signing this, I hereby release Highlands Presbyterian Camp and Retreat Center, its owner and employees, and all individuals assisting in the instruction and conduct of the Highlands activities from any and all liability.

I understand that photographs, video and/or digital images (hereinafter “images”) may be taken of participants taking part in various activities while at Highlands. I understand that no names or personal contact information will accompany any images. I understand that these images may be used in web-site photo albums and other promotional materials and/or publications.

- I do consent to such images being taken and do not request compensation for their use.
- I **do not** consent to such images being taken.

I have carefully read this Release of Liability and fully understand its content.

Activities in which the participant is participating: \_\_\_\_\_

**Participant Name** - Please print: \_\_\_\_\_

**Participant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent Name**  
(if participant is under 18) – Please print \_\_\_\_\_

**Parent/Guardian Signature**  
(if participant is under 18): \_\_\_\_\_ **Date:** \_\_\_\_\_