Howell Conference and Nature Center

Agreement to Participate For Minors			
C /C 1 N			
Group/School Name		Dinth Data (Month/Voor)	
	Age City		
Parent/Guardian's Names	City	state	_ Zip
Home Phone	Work Phone	Todav's Date	
Challenge Program facilitator, Rrunning is not allowed, no negrositive encouragement given to obstacle, tower, zip line, wall copsychologically and physically cont limited to: sprains, cuts, rop	I Conference and Nature Center, I am topes staff, & EE staff including, but no ative comments to other participants, ro other participants. I fully realize tha limbing courses ("Courses"), Global Vil challenging situations and that my partice burns and/or abrasions or more serior of all required safety regulations and the	at limited to: listening and following espect for adults in charge and of the participation in the high ropes, allage, and all Environmental Educipation in the same could result in us injury. I acknowledge that the	ng safety instructions, other participants, and low ropes, initiatives, ation classes involves injuries including but Howell Nature Center
PARTICIPANT'S SIGNATULE	RE		DATE
conditions: is pregnant, has a ba induced asthma, an Epi-pen for be brought with my child to the the dangers that are open, obviou I agree to hold the Howell Corepresentatives , board member	nould be consulted before participation ck condition, high blood pressure or a has severe insect allergies or any other me challenge courses. I acknowledge that as and necessary to these activities. Onference and Nature Center and the ers, employees, contractors and support in connection with my child's participation.	eart condition. I understand that are dication needed for a chronic meet t my child's participation in the Come Presbytery of Detroit, Inc., is pliers harmless for any and all	n inhaler for exercised dical condition should ourses means I accept its sponsors, agents, damages which my
The HNC has my permission to treatment for any injury suffered	secure emergency care for my child if red while participating in the Courses. rograms may be used for publicity.		
I recognize that climbing can be	a strenuous endeavor requiring my child tions my child has that could restrict in NC.		
participation in this activity. IF PARTICIPANT IS UNDER	f my knowledge, I attest that I have disc R EIGHTEEN (18) YEARS OF AGE, TO PARTICIPANT'S SIGNATURE.	SIGNATURE OF BOTH PARE	•
PARENT/GUARDIAN SIGNA	ATURE IF MINOR IS UNDER EIGH	TEEN (18) YEARS OF AGE	DATE
/sPARENT/GUARDIAN SIGNA	ATURE IF MINOR IS UNDER EIGH	TEEN (18) VEARS OF AGE	DATE

ADULT ASSUMPTION OF RISK AND WAIVER OF ALL LIABILITY CLAIMS				
G (0.1 1)				
Group/School Name	AgeBirth Date (Month/Year) CityStateZip Work PhoneToday's Date			
Address	Age	_Birth Date (Month/Year)	7in	
Home Phone	Work Phone	State Today's Date	Zıp	
	Work I none	roddy 8 Date		
("Courses"), Global Village, as challenging situations and that in serious injury. I acknowledge that and that my failure to follow the be consulted before participation high blood pressure or a heart coallergies or any other medication.	in in the high ropes, low ropes, initiative ctivities and all Environmental Education in participation in the same could result in the Howell Nature Center ("HNC") has regulations and instructions may result in in these courses if I have one of the followed in the course in the condition. I understand that an inhaler for expectation in the Courses means I accept the data	on classes involves psycholo in sprains, cuts, rope burns an as/will informed me of all requ a serious injury. I understand wing conditions: are pregnant, aercised induced asthma, an Ep nould be brought with me to the	gically and physically id/or abrasions or more uired safety regulations that a physician should have a back condition, pi-pen for severe insect the challenge courses. I	
heirs, executors, administrators a loss, personal injury, emotiona may incur against the HNC,	participate in the Courses, activities and cound assigns do waive and release any and all distress, wrongful death, product liab the Presbytery of Detroit, Inc., its speppliers for any and all damages which HNC.	l all claims by me or on behality, strict liability and/or nonsors, agents, representati	alf of me for property legligent rescue which lives, board members,	
	o secure emergency care for me if necess red while participating in the Courses. used for publicity.			
I am listing below those conditio	a strenuous endeavor requiring me to be in ns I have that could restrict my participation.			
Medications currently taking:				
I further certify that to the best o participation in this activity.	f my knowledge, I attest that I have disclos	ed all information that could r	restrict my	

DATE

12/17/04 RJM

PARTICIPANT'S SIGNATURE