

**Camp Arrah Wanna, Inc. (CAW)**

24075 E Arrah Wanna Blvd. | Welches, OR 97067 | P: (503) 622-3189 | F: (503) 622-1229

**RELEASE OF CLAIMS AND CONSENT**

**All Activities & being on site at CAW in a group setting with group activities-Including but not limited to the High & Low Ropes Challenge Courses, River Tubing, Swimming Pool Use, & Archery Course.**

Notice: This is a legally binding agreement. CAW Activities: High and Low Ropes Challenge Courses / River Tubing on the Salmon River / Outdoor Swimming Pool / Archery Course. These activities are strenuous and psychologically demanding and require participants to be in good physical condition. Although it is impossible to foresee all possible dangers, some specific risks the participant may encounter while doing the listed activities might include, but are not limited to death, and/or injury from but not limited to slipping, tripping, falling, running, or jumping. This includes anyone on camp property whether participating in activities and/or being present at said activities and/or being on Camp Arrah Wanna property.

I fully realize that participation in the mentioned activities involves psychologically and physically challenging situations and that my participation in the same could result in sprains, cuts, rope burns, and or abrasions or more serious injury. I acknowledge that CAW has/will inform me of all required safety regulations and that my failure to follow the regulations and instructions my result in serious injury. I understand that a physician should be consulted before participation in these courses if I have one of the following conditions: pregnancy, have a back, head or neck condition, high blood pressure, and/or a heart condition. I understand that an inhaler for exercise induced Asthma, EpiPen (epinephrine) for severe insect allergies, or any other medication needed for a chronic medical condition should be brought with me to the courses and/or activities. I also understand that my participation in a group event and activity may expose me to health risks and that I will respect the required current local, state and federal guidelines that are currently in place including but not limited to wearing a mask at appropriate times & social/physical distancing. I understand that CAW is in a forest with natural tripping hazards, wildlife of all kinds and that it can be extremely dark so I must watch where I am going, bring a flashlight and stay with my group. I understand that everything at CAW may at times be wet, icy or snowy and need to be careful due to these outdoor conditions.

I understand that I am responsible for behaving in a careful and prudent manner to minimize the risk of injury to myself and others. I also understand that this is a voluntary program and that I should participate to the extent that I feel is appropriate for my own condition and skill level. I understand I will not be permitted to participate if found to be under the influence of non-prescribed drugs or alcohol. CAW has the authority to remove and/or ask law enforcement to remove any person from the property that is acting unruly and contrary to rental regulations.

**I waive and release claims by me or on behalf of me, which may incur against CAW, the American Baptist Churches of the Central Pacific Coast, its sponsors, agents, representatives, board members and employees for damages, for negligent property loss, negligent personal injury and negligent emotional distress, which I might sustain and suffer in connection with my participation in all activities & Challenge Courses at CAW.**

CAW has my permission to secure emergency care for me if necessary. I have health care coverage for the cost of any treatment for an injury suffered while participating in any and all activities.

- No, photographs of me may NOT be taken while I am on the CAW premises or while I am participating in all CAW Activities. Initials: \_\_\_\_\_
- Yes, photographs of me may be taken while I am on the CAW premises or while participating in CAW Activities and such photographs may be used for publicity by CAW. Initials: \_\_\_\_\_

Legal Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street City State Zip

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Guest Group Name: \_\_\_\_\_ Dates of Stay: \_\_\_\_\_

**Medical Statement:**

I recognize that climbing & swimming can be strenuous endeavors requiring me to be in good physical condition. I am listing below those conditions I have that could restrict my participation in all activities and/or the Challenge Courses and medications I am currently taking:

\_\_\_\_\_

I further certify that to the best of my knowledge; I attest that I have disclosed all information that could restrict my participation in this/these activity/activities.

\_\_\_\_\_  
Participants Signature Print Name Date

\_\_\_\_\_  
Parent/Guardian Signature (if under 18 years) Print Name Date