



# ACKNOWLEDGEMENT OF RISK

YEAR: \_\_\_\_\_  
For Office Use only

**FORM INSTRUCTIONS:** This form is required for anyone participating in Camp DeWolfe Programs or Activities. The signature of a parent or legal guardian is required for any person under the age of 18. All Summer Campers must return this form to Camp DeWolfe no later than June 15. After June 15, a \$100 Late Fee will be applied to any account with an outstanding balance or missing forms.

## I HAVE READ THIS WAIVER AND RELEASE CAREFULLY AND I AM SIGNING IT VOLUNTARILY.

_____	_____	_____	_____	_____
Camp DeWolfe User Printed Name	Date of Birth	Age	Signature	Date
_____	_____	_____	_____	_____
Parent/Guardian Printed Name	Relationship		Signature*	Date

**\*SIGNATURE OF PARENT OR GUARDIAN IS REQUIRED FOR ALL UNDER 18 YEARS OLD**

## Assumption of Personal Responsibility, Waiver and Release of Liability

**Camp DeWolfe.** I have chosen to voluntarily participate in a program conducted by Camp DeWolfe. I have read the brochure describing the nature of the specific program for which I am registered. In consideration for the educational benefits and privileges associated with my participation in this program I acknowledge and agree to be bound by the following:

- 1. Identification of Risks.** I understand that the Camp DeWolfe program will be primarily conducted in the outdoors and that some programs will be conducted almost exclusively in an isolated outdoor environment away from Camp DeWolfe. It will operate in all kinds of weather, in a wide variety of physical settings, and with diverse people. As a result, I further understand that during my participation I may be exposed to unusual risks, hazards and stresses. Camp activities such as, but not limited to, swimming, climbing, wilderness travel, water sport, and ropes courses are hazardous and may result in property damage or severe, maybe even fatal, injury. Forces of nature such as darkness, heavy rain, lightning, strong winds, extremes of heat and cold, biting insects and animals may independently or in combination with my activities cause a serious accident. Stresses may also result from emotional anxiety, interpersonal conflicts, homesickness and irregularities in eating, sleeping, and bathing, particularly in Wilderness programs.
- 2. Acknowledgement of Risk.** I understand that although the Camp DeWolfe program has taken reasonable precautions to provide proper equipment, suitable facilities and trained staff, it is impossible to guarantee absolute safety against illness, injury or loss resulting from my participation. I acknowledge the risk inherent in camp and wilderness activities and agree to assume that risk.
- 3. Assumption of Personal Responsibility.** I agree that I am responsible for my safety while participating in the Camp DeWolfe program and I am willing to assume that responsibility. This means that I agree to follow any instructions and directions given me by the Camp DeWolfe staff, and will seek to act carefully and with good judgment at all times. I also agree to verify with my physician that I have no physical or psychological problems that would prohibit or limit my full involvement. I will submit current health information to the Camp DeWolfe staff in writing for any medical or emotional condition which may restrict my safe participation in the program. I take full responsibility for, and security of, all personal items and understand that I will not be reimbursed by Camp DeWolfe or the Episcopal Diocese of Long Island for any lost, missing, damaged, stolen, broken or destroyed items.
- 4. Waiver and Release.** In light of the above, I waive, release and discharge any and all claims for damages of death, personal injury or property loss which I may have as a result of my participation in this program. I understand that these injuries and losses might result from the actions, inactions, or carelessness of other participants as well as from my own actions and/or from travel related to the program. I acknowledge that swimming is a dangerous activity and take full responsibility for my actions in the pool and in the waterfront areas. I waive, release and discharge any and all claims of personal injury in the pool or waterfront areas. More specifically, I hereby hold The Episcopal Diocese of Long Island and Camp DeWolfe, or any individual acting in an official or advisory capacity for The Episcopal Diocese of Long Island and Camp DeWolfe, harmless and release The Episcopal Diocese of Long Island and Camp DeWolfe and its agents from any liability and claims arising out of an accident or stressful incident during the program, except where caused by the gross negligence or wanton misconduct of any of the released parties. I intend this waiver and release to also apply to any relatives, heirs, next of kin, personal representatives, or assigns who might pursue any legal action or claim on my behalf.
- 5. Health-Related Expenses.** I currently have, and agree to maintain throughout my participation, valid and sufficient medical and accident insurance. I understand that this is my sole responsibility and release all Episcopal Dioceses of Long Island and Camp DeWolfe persons and entities from providing this coverage for me. I understand and agree that I am completely responsible for any and all of my own expenses, including but not limited to treatment, diagnosis, hospitalization, prescriptions or follow-up for any physical or mental health issues that arise for me, whether or not these expenses are covered by my insurance.
- 6. Refund.** I understand that in case of voluntary withdrawal from the program after it has begun, I will not receive a refund. (A refund of 25% will be granted to a participant who must leave during the first half of the course due to uncontrollable circumstances.)
- 7. Emergency Authorization.** I hereby give permission to the medical personnel selected by the camp director to administer first aid, and to order x-rays, routine tests, and treatment. In the event of an emergency, I hereby give permission to the physician selected by the camp director to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for the person named below. This form may be photocopied for use out of camp.
- 8. The Episcopal Diocese of Long Island and Camp DeWolfe Photo Authorization Release.** I hereby grant to The Episcopal Diocese of Long Island and Camp DeWolfe authorization to use the photographs taken of my child/children or myself (if 18 or older). I understand that the pictures have been taken for use in official The Episcopal Diocese of Long Island and Camp DeWolfe materials (print, Internet and other media) and will be utilized at the professional discretion of The Episcopal Diocese of Long Island and Camp DeWolfe staff in addition to the American Camp Association and its agent, to illustrate and promote the camp experience or the American Camp Association.