

Michigan Christian Youth Camp Medical & Liability Release Form**Group Name** _____

Participant: _____

Date: _____

Address: _____

Phone: _____

I/We realize that Michigan Christian Youth Camp (MCYC) will take all reasonable precautions against injuries, accidents, and death; nevertheless, I/We agree that MCYC, Its staff, agents, and officers are free from any responsibility for accidents, injuries, mishaps, or death to the above named participant.

I/We give permission for the above named participant to attend and take part in programs indicated below as they take place in the State of Michigan. Check and initial to acknowledge program participation.

☐ Equine Activities and/or trail rides _____☐ Petting Farm _____☐ Adventure Challenge / Low Elements _____☐ Archery Tag _____☐ Archery / Rifle _____☐ Orienteering _____☐ Paintball _____☐ Other _____☐ Waterfront Activities (Swimming, Canoeing, Fishing, etc) _____☐ Sledding / Winter Activities _____

I/We the undersigned, agree to release from liability and hold harmless MCYC, its staff, agents, and officers from or for any claims, liability, or damages that may occur as a result of an accident injury, or death to Participant during the MCYC experience including, but not limited to the activities listed above. This release includes theft, destruction of property, or result in injury to or death of the Participant.

I/We agree to follow all rules and regulations associated with MCYC and its programs and activities and recognize inherent risks, including equine related, associated with activities at MCYC. Inherent equine risks include, but are not limited to, unpredictability of an equine and its reaction to sound, sudden movements, and other unfamiliar objects. MCYC cannot insure nor guarantee that the participant's equipment, premises, and/or activities will be free from hazards, accidents, and/or injuries.

I hereby give permission to MCYC to secure Emergency Medical and Surgical Treatment for the Participant named above while attending.

I/We, transfer and assign any hospital or clinic in which above named Participant is confined or treated, all hospitalization and insurance proceeds which may be paid to me/us. I/We further agree to promise to pay any amount not covered by insurance.

Warning

Under the Michigan equine activity liability act, an equine professional is not liable for any injury to or the death of a participant in an equine activity resulting from an inherent risk of the equine activity.

Participant/ the undersigned grants permission to use selected pictures of Participant and relinquishes rights to compensation for pictures.

Does the participant experience any physical/behavioral considerations and limitations? Allergies?

Is the participant taking any medications? _____ Please list _____

Signature of Parent/Guardian or Adult Participant / Date_____
Address (if different than Participant's)

In case of emergency and Parent/Guardian cannot be reached, please notify:

Name – Relationship to Participant_____
Phone (Include Area Code)