



INFORMED CONSENT FORM

*Confidential! Any information supplied will be made available **only** to course leaders & medical personnel in the event of an emergency.*

418 Stanton Way, Pottsboro, TX 75076

Phone: 903-786-3148 Fax: 903-786-7535

Email: info@allsaintstexoma.org website: www.allsaintstexoma.org

Participants Name _____ Date _____
 Address _____ City _____ State _____ Zip _____
 Phone _____ Gender M F Date of Birth _____ Height _____
 Weight _____
 Email: _____
 Name of Person to be Notified in Emergency:
 Name _____ H. Phone _____ W. Phone _____ Relationship _____
 Insurance Carrier _____ Policy Number _____

All Saints's Waterfront/High Ropes/Challenge Course/Archery Indemnity Agreement

When working outdoors and leading physical activities, safety is our main concern. Our activities and equipment are regularly inspected before use and checked annually for our archery, high ropes, challenge course, and waterfront activities. We will discuss basic rules of safety and provide the special organization, supervision, instruction and equipment you need to participate. It is impossible for us to eliminate all risk, however, and participants must commit to follow instructions and use sound personal judgment. This will contribute greatly to everyone's well being. By signing this waiver, the participant and/or guardian accepts that there are inherent risks and hazards in waterfront/high ropes/archery/challenge course programming and agrees to hold All Saints harmless.

I, as a participant or parent/guardian of a participant, understand I will be participating in activities that involve periods of physical exertion, balancing, heights (up to 50'), lifting, pushing, pulling, swimming, boating and climbing. I know most activities will be outdoors where I will need to watch for slippery and/or uneven footing, limbs and branches, insects and animal and possible exposure to extreme or inclement weather. I fully understand that my physical activity involves risk of injury.

I understand I will not be forced to do any activity and that despite all reasonable precautions taken, a guarantee of absolute safety is impossible. I agree to exercise good personal judgment, to ask for help if I am concerned about my safety and to be responsible for deciding if a proposed activity is appropriate for me. I agree to inform my instructors of any physical, mental or medical condition that might affect my ability to participate or affect other members of my group. I realize that failure to tell that information could result in serious harm to me or others. I also state that I am not under, and will not be under the influence of any chemical substance including alcohol. I agree to comply with safety instructions given and to be responsible for my personal safety and well being.

Sig. of Parent / Guardian _____ Sig. of Participant _____

I/we agree to hold All Saints, the Diocese of Dallas, its Directors, Officers, Employees, Agents, and/or Associates harmless for any accidents, injury, loss of or damages to personal property that may occur. I/we understand that all possible precautions are taken to insure that all programs and activities sponsored by All Saints are conducted by mature and qualified personnel in a safe and responsible manner. I voluntarily assume the risk of the activities and agree to report any injuries immediately.

In the event of an emergency, I/we understand every attempt will be made to contact the parents/guardian. In the event that the parent/guardian cannot be reached, I/we give permission to the medical personnel selected by camp personnel to order X-rays, routine tests, treatments, and necessary transportation for me or my child. In the event I cannot be reached by camp personnel, I hereby give permission to the physician selected by camp personnel to secure and administer treatment, including hospitalization for me or my child named above.

I/we have read and understand all materials outlining the waterfront/high ropes/archery/challenge course, including this waiver and agree to abide by these terms. I am aware this is a waiver and a release of liability and I sign it voluntarily.

Sig. of Parent / Guardian _____ Sig. of Participant _____
 Printed Full Name _____ Printed Full Name _____
 Date _____

PHOTO RELEASE:

The undersigned grants permission for the videotaping and/or photographing of _____

Identifying information such as name, address, age, diagnosis and parents (in the case of a minor) may be included. The videotapes and/or photographs will be used by the staff specifically for: Photo sharing, website, publications and promotion. No other use of the videotapes and/or photographs shall be allowed.

Signature of Parent/Guardian: _____ Signature of Participant _____

This form MUST be on file in order to participate in activities at All Saints Camp and Conference Center.