



# JOY OUTDOOR EDUCATION CENTER (dba Camp Joy)



## RISK & RELEASE FORM

**INSTRUCTIONS:** Please read and complete this form carefully. **PLEASE PRINT**

Family Name: \_\_\_\_\_ Program/Organization: \_\_\_\_\_

Email: \_\_\_\_\_ Family Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_

Emergency Contact Name/Relationship \_\_\_\_\_ Phone #: \_\_\_\_\_

Emergency Contact Name/Relationship \_\_\_\_\_ Phone #: \_\_\_\_\_

Parent/Guardian #1 Name: \_\_\_\_\_ Circle: Male/Female Check: Over 18  Over 21

List any allergies & or dietary restrictions\*: \_\_\_\_\_

List any physical restrictions\*: \_\_\_\_\_

Please list any activities/programs the participant is NOT PERMITTED to participate in\*: \_\_\_\_\_

Parent/Guardian #2 Name: \_\_\_\_\_ Circle: Male/Female Check: Over 18  Over 21

List any allergies & or dietary restrictions\*: \_\_\_\_\_

List any physical restrictions\*: \_\_\_\_\_

Please list any activities/programs the participant is NOT PERMITTED to participate in\*: \_\_\_\_\_

Addn'l Participant Name: \_\_\_\_\_ Circle: Male/Female Check: Over 18  Over 21

List any allergies & or dietary restrictions\*: \_\_\_\_\_

List any physical restrictions\*: \_\_\_\_\_

Please list any activities/programs the participant is NOT PERMITTED to participate in\*: \_\_\_\_\_

Addn'l Participant Name: \_\_\_\_\_ Circle: Male/Female Check: Over 18  Over 21

List any allergies & or dietary restrictions\*: \_\_\_\_\_

List any physical restrictions\*: \_\_\_\_\_

Please list any activities/programs the participant is NOT PERMITTED to participate in\*: \_\_\_\_\_

Addn'l Participant Name: \_\_\_\_\_ Circle: Male/Female Check: Over 18  Over 21

List any allergies & or dietary restrictions\*: \_\_\_\_\_

List any physical restrictions\*: \_\_\_\_\_

Please list any activities/programs the participant is NOT PERMITTED to participate in\*: \_\_\_\_\_

Addn'l Participant Name: \_\_\_\_\_ Circle: Male/Female Check: Over 18  Over 21

List any allergies & or dietary restrictions\*: \_\_\_\_\_

List any physical restrictions\*: \_\_\_\_\_

Please list any activities/programs the participant is NOT PERMITTED to participate in\*: \_\_\_\_\_

**PLEASE COMPLETE THE OPPOSITE SIDE OF THIS FORM**

## ACKNOWLEDGEMENT OF RISK AND RELEASE

**INSTRUCTIONS:** Please read this form carefully and contact Camp Joy with any questions.

I understand that completing and signing this form is a prerequisite for my family's participation in Camp Joy's programs.

I understand that participation in programs offered by Joy Outdoor Education Center, LLC (dba Camp Joy) and Joy Outdoor Education Center Foundation, Inc., is based on a "Challenge by Choice" philosophy. I recognize that the program is designed to use experiential, engaging, teaching techniques, but that participation is purely voluntary, and the aforementioned participants elect to participate in spite of the risks.

**Activities:** I am aware that experiential, outdoor pursuits for which I have enrolled such as living history reenactments (Ex. Underground Railroad), hiking, walking on uneven ground, high ropes challenge courses, ground initiatives, mountain biking, archery, swimming, and other activities at Camp Joy entail certain risks. Camp Joy has a number of high ropes elements. High ropes courses can include poles, ropes, cables and platforms on which participants move with and without the assistance of staff and other participants. The level of exertion required for the activities will be similar to a day of moderate to strenuous exercise. Activities are explained by staff, and belay or other support systems may be used. Activities vary in height and difficulty.

**Risks:** I understand and acknowledge that experiential education including high ropes courses and other Camp Joy activities involve risks which could result in injury, tripping, falling, broken bones, burns, death, or damage to my property. Participants may be in situations in which they depend on others for their physical well-being. The risks described and others are inherent in Camp Joy activities and without them the activities would lose their essential character and value.

Camp Joy recommends that those with heart conditions, high blood pressure, back or neck issues refrain from full participation in high ropes experiences and physically spotted activities. Expectant mothers (without a specific medical release) are not permitted to fully participate at height on ropes courses or with spotted activities.

**Release:** I, for myself and for my heirs, personal representatives, and assigns, and each of them, forever release and fully discharge Joy Outdoor Education Center, LLC and Joy Outdoor Education Center Foundation, Inc., and each of their members, managers, directors, employees, volunteers, agents, officers, predecessors, affiliates (including the Warren County Astronomical Society with respect to our Observatory), representatives, successors, and assigns, from any and all actions, causes of action, claims, costs, damages, demands, fees, and/or liability of any kind, nature, or descriptions whatsoever, whether known or unknown, arising out of or in any way related, whether directly or indirectly, to participation in any Camp Joy program, including, but not limited to any physical injury, psychological injury, or loss of life or personal property that may occur as a result of participating in this program.

**Photography:** I understand that photography commonly occurs during Camp Joy programs. I consent for myself and/or my children/minor of legal responsibility to be photographed for general Camp Joy use, including program and/or agency printed/internet publicity.

Check this box to decline the photo release.

**Authorization for Treatment:** I give permission to the medical personnel selected by the visiting organization to arrange necessary related transportation for these participants, and for the visiting organization or Camp Joy to secure and administer treatment, including hospitalization, for the participants named above.

**Signature:** I have read, understand, and accept the terms and conditions stated in this Risk and Release Form. The named participants have permission to engage in program activities, except as noted.

I understand that my signature on this Release form will remain valid for one year of programs at Joy and I acknowledge my obligation to inform Camp Joy in advance of any changes in the participants' health that may affect the participants' ability to participate in activities in any way. I certify that the information my child or I have provided is complete and accurate.

\_\_\_\_\_  
Signature of PARENT/GUARDIAN #1 (REQUIRED)      Date

\_\_\_\_\_  
(Print Name Please)

\_\_\_\_\_  
Signature of PARENT/GUARDIAN #2 (REQUIRED)      Date

\_\_\_\_\_  
(Print Name Please)