



Skyview Ranch Camp Program Activity Waiver

www.skyviewranch.org

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ALL PARTICIPANTS MUST READ THIS RELEASE OF LIABILITY FORM PRIOR TO SIGNING AND PARTICIPATING IN PROGRAM ACTIVITIES

Agreement to personally assume all risk and release of all claims for liability and waiver of right to sue based upon my understanding of these activities and their inherent risks.

I (full name) _____ of (city and state) _____
 Having the date of birth (month) _____ (day) _____, (year) _____ desire Skyview Ranch, a Ohio not for profit corporation, to permit me to participate in the following described activity. (Check the box or boxes that describe your activity.)

<input type="checkbox"/> General Activities	<input type="checkbox"/> Horseback Riding
<input type="checkbox"/> High Ropes	<input type="checkbox"/> Swimming
<input type="checkbox"/> Paintball	<input type="checkbox"/> Volunteer Work

In order to participate in the above mentioned activities, I, the undersigned, agree and acknowledge that: There is risk of injury, including a potential for permanent disability or death resulting from any participation in the above mentioned activities and or from the equipment involved in participation in such activities.

I freely assume all such risks, both known and unknown and assume full responsibility for my participation.

I will read and understand the rules of play, including all safety rules, and agree to fully comply with the rules and safety regulations during my participation.

I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin hereby release and hold harmless Skyview Ranch, their officers, officials, agents and or employees, from any and all liability for injury, disability, death, loss or damage to personal property.

I acknowledge, understand and agree that I have read this release of liability and assume all risk associated with participating in the above mentioned activities and that I sign this release of liability voluntarily and without inducement.

I certify I am able to take a full and active part in the program at Skyview Ranch.

I further authorize Skyview Ranch to administer necessary medical treatment in case of accident or illness which occurs while a camper.

I also realize that my picture or testimony may be used in promotion of the camp.

All program actives, and handling and use of program equipment must be supervised by Skyview Ranch Staff.

Participants Name (Please Print): _____ Date of Birth: _____

Street Address: _____

City, State: _____ Zip Code: _____

Home Phone: _____ Cell: _____ Email: _____

Emergency Contact: _____ Relationship: _____

Emergency Contact Phone: _____ Insurance Carrier/ Number: _____

Participant Signature: _____ Date: _____

Would you like to be added to the Skyview Ranch mailing list? Yes No

MINOR AGED PARTICIPANTS

All guests under the age of 18 at the time of participation must have a parent or guardian sign below.

I certify that I am the parent or guardian of _____ with legal responsibility for the above signed participant and agree to his/her release and agree to indemnify the above named companies and individuals from all liabilities resulting from his/her release and agree to indemnify the above named companies and individuals from all liabilities resulting from his/her participation in the above mentioned program activities for myself, my heirs, assigns, and next of kin.

Parent or Guardian Signature: _____

Date: _____