

WAIVER AND RELEASE



Separate waiver from Shank's Mare Outfitters must be signed separately.

PARENT RELEASE:

By my signature below, I attest that I am the parent or legal guardian of the minor child named as the Camp Participant in this Waiver and Release ("the Child"), and that I have the authority to execute this Waiver and Release on behalf of the Child. I, the undersigned, parent/guardian on my behalf and on behalf of the Child who intends to attend the SNHA Adventure Day Camp Program (the "Program") presented by Susquehanna National Heritage Area at Columbia Crossing River Trails Center located at 41 Walnut Street, Columbia, Pennsylvania 17512 (the "Center"), hereby acknowledges that there may be certain risks associated with the Program. I acknowledge that participation in outdoor adventure-based activities, including but not limited to, canoeing, kayaking, hiking, bicycling, tubing, rock-climbing, hiking, and outdoor games (the "Activities") entails known and unanticipated risks which could result in physical or emotional injury, paralysis, death, personal injury, injury to property, or injury to third parties. I understand that such risks are inherent, unavoidable, and simply cannot be eliminated without jeopardizing the essential qualities of the Activities. I am fully aware of the risks and hazards connected with the Activities, and voluntarily assume full responsibility for any risks of loss, property damage, or personal injury that may be sustained by the Child as a result of participating in the Program. I, the undersigned parent/legal guardian, on my behalf, and on behalf of the Child, hereby release and forever discharge Susquehanna National Heritage Area, the Borough of Columbia, Shank's Mare Outfitters and their trustees, owners, officers, servants, agents, and employees (collectively "Releasees") from any and all liability for any damages, losses or injuries which may be sustained or suffered by the Child arising out of, during, or in connection with the Program, whether arising from the negligence of the Releasees or otherwise, to the fullest extent permitted by law. In the absence of a signature, payment of fee and participation in the Program shall constitute acceptance of the conditions set forth in this Waiver and Release.

AUDIO/VIDEO IMAGE RELEASE:

Susquehanna National Heritage Area and Shank's Mare Outfitters use images and sounds of the SNHA Adventure Summer Day Camp as a way of documenting the enjoyable and educational experiences during the Program and for funding reporting for grant making purposes. Susquehanna National Heritage Area and Shank's Mare Outfitters either will not identify the Child, or will identify my Child only by first name. I hereby give my permission and consent to Susquehanna National Heritage Area and Shank's Mare Outfitters for the purpose of: (1) photographing, filming, and video/audio taping the Child and (2) using and displaying images and sounds of the Child in Susquehanna National Heritage Area or Shank's Mare Outfitters for promotional and information purposes. I hereby waive and release on behalf of the Child and myself any rights to compensation for, or ownership of, such images and/or sounds and the above uses of them by Susquehanna National Heritage Area and Shank's Mare Outfitters.

MEDICAL RELEASE:

I hereby represent and warrant that the Child is in good health and that the Child has no health condition(s), illness, or communicable disease that may make use of the Center injurious to the Child or any other use of the facility. I represent and warrant that all immunizations for the Child are up to date, OR that I am refusing this requirement for religious or other reasons. I further represent and warrant that the Child's participation in SNHA Adventure Day Camp is covered by a policy of comprehensive health and accident insurance or Medicaid that provides coverage for injuries that the Child may sustain as part of participation in the Program. I consent to emergency medical treatment for the Child if staff or agents of the Program, in their sole discretion, determine it to be necessary. I hereby authorize the staff or agents of the Program to act according to their best judgment in any situation requiring medical attention for the Child. I acknowledge that the costs of any medical treatment provided to the Child that are not covered by medical insurance will be my sole responsibility. In the absence of a signature, payment of fee and participation in the program shall constitute acceptance of the conditions set forth in this release.

By my signature below, I acknowledge that I have carefully read and understood the terms of this SNHA Adventure Day Camp Waiver and Release. I understand that I am relinquishing legal rights and remedies that may have otherwise been available to me.

Full Name of Camp Participant

Parent/ Guardian Signature

Date

