

**HIGH & LOW ROPES COURSE & CLIMBING WALL FACILITIES  
PARTICIPANT & PARENT OF YOUTH PARTICIPANT  
INFORMED CONSENT, RELEASE AND INDEMNITY  
HOLD HARMLESS AGREEMENT  
FOR PARTICIPANTS AND USERS OF CAMP WINNATASKA**

I for my self and as the parent or guardian of the herein listed youth, understand that participation in activities at Camp Winnataska, St Clair County, Alabama offered through Camp Winnataska, Inc., or its affiliates by whatever name or any combination thereof (herein referred to as "Winnataska") involves a certain degree of risk that could result in injury or death. I understand that the activities may include but are not limited to **HIGH AND/OR LOW ROPES COURSES & CLIMBING WALL**, program activities, overnight stays and other indoor and outdoor activities. In consideration of the benefits to be derived and after careful consideration of the risk involved and in view of the fact that the above Winnataska is an organization of volunteers who have implemented certain safety procedures to which I agree for myself to comply with and consent to the rules of Camp Winnataska and this documents; and for my youth,

**LIST NAMES OF YOUTH TO PARTICIPANT**

[FOR YOUTH(S) \_\_\_\_\_,  
PRINT NAME(S)] \_\_\_\_\_  
\_\_\_\_\_ & \_\_\_\_\_

In further consideration of the opportunity to participate in the Climbing Tower, High and/or Low Ropes courses and use the facilities of Winnataska, I (we) hereby release and waive any and all claims that I (we) may have against Winnataska, its affiliates, agents, servants, employees, volunteers, officers, trustees, directors, and committee members arising from my(our) or my (our child/children presence on the property of Winnataska or my participation in any activity thereupon, whether sponsored directly by Winnataska or another organization;

**I HEREBY AGREE TO FULLY INDEMNIFY AND HOLD HARMLESS WINNATASKA AND THEIR AFFILIATES, AGENTS, SERVANTS, EMPLOYEES, VOLUNTEERS, OFFICERS, DIRECTORS, TRUSTEES, AND COMMITTEE MEMBERS FROM ANY AND ALL DEMAND FOR CLAIM OR ASSERTION OF LIABILITY, CLAIMS OR ACTIONS WHICH THEY MAY PAY OR BECOME OBLIGATED TO PAY; ARISING ON OR FROM THE WINNATASKA REAL OR PERSONAL PROPERTY, OR FROM MY (OUR) OR MY (OUR) CHILD'S OR CHILDREN'S PARTICIPATION IN THE HIGH AND/OR LOW ROPES COURSE OR ANY OTHER ACTIVITY THEREUPON, OR WHETHER OR NOT ARISING FROM THE NEGLIGENCE OR FAULT OF WINNATASKA, REGARDLESS OF IF SPONSORED BY WINNATASKA OR THEIR AFFILIATES OR OTHERWISE, AGENTS, SERVANTS, EMPLOYEES, VOLUNTEERS, OFFICERS, DIRECTORS, TRUSTEES, OR COMMITTEE MEMBERS. I AGREE THAT THE INDEMNIFICATION INCLUDES THE AMOUNT OF CLAIMS, COURT COST, ATTORNEY FEES, REASONABLE INVESTIGATION AND DISCOVERY COST, EXPERT WITNESS, AND OTHER SUMS THAT WINNATASKA OR THEIR AFFILIATES WHETHER CHARTER OR OTHERWISE, AGENTS, SERVANTS, EMPLOYEES, VOLUNTEERS, OFFICERS, DIRECTORS, TRUSTEES, AND COMMITTEE MEMBERS.**

**In case of an emergency in which I am unable to communicate**, I hereby give my permission to Winnataska's personnel or volunteers in charge of such emergencies to administer first aid and transport me to a care unit or hospital for treatment and I hereby give my permission to the physicians, care unit and/or hospital selected to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication.

**PARTICIPANT OR PARENT or GUARDIAN OF YOUTH PARTICIPANT**

DATE: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
PRINT NAME

PHONE: (\_\_\_\_) \_\_\_\_\_

PHONE: (\_\_\_\_) \_\_\_\_\_

EMAIL: \_\_\_\_\_

EMAIL: \_\_\_\_\_