

Tree Climbing

RISKS SPECIFIC TO TREE CLIMBING:

- The hazards of walking on uneven terrain and slips and falls;
- Being struck by objects dislodges or thrown from above;
- The use of climbing ropes and equipment;
- The force of natures, including lightning and rapid weather changes;
- The risk of falling out of the tree;
- The risk of exposure to insect bites;
- The risk of cold including hypothermia;
- My own physical condition and the physical exertion associated with this activity;
- The negligence of the Releases;
- My own negligence

Furthermore, Camp Fontanelle has a difficult job to perform. They seek safety, but are not infallible. They might be unaware of a participant’s fitness or abilities. They might misjudge the weather, the elements or the terrain. They might give inadequate warnings or instructions, and the equipment might malfunction. I AGREE THAT ALL TERMS OF THIS AGREEMENT APPLY TO THE RISKS SPECIFIC TO CLIMBING AND ANY RESULTING INJURY OR DAMAGE.

In consideration of my participation or the participation of my child/ward in this activity at Camp Fontanelle, I expressly assume the risks of such activity, and assume the risks on behalf my child/ward, including the risks outlined above, which I have discussed with my child/ward.

For myself on behalf of my child/ward I release and hold harmless the Nebraska Annual Conference of the United Methodist Church and Camp Fontanelle from any and all claims, suits or liability arising any way from my participation or the participation of child/ward in this activity. This release applies to claims for injury to person, or property or death, including claims of negligence on the part of camp personnel or others.

I FULLY UNDERSTAND ITS TERMS, UNDERSTANDING THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND HAVE SIGNED IT FREELY AND WITHOUT INDUCEMENT OR ASSURANCE OF ANY NATURE AND INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW AND AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID THE BALANCE, NOTWITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT.

PLEASE PRINT

Participant’s Name _____

Address _____ City, State, Zip _____

Email _____ Phone _____

Parent’s Name (if participant under the age of 18) _____

Signature (Parent’s if participant is under the age of 18) _____ Date: _____