

Christian Outdoor Leadership School (COLS) Waiver of Liability

Please carefully read this document.

I, _____ as parent/legal guardian of _____, give permission for my son/daughter to attend and participate in all activities of the Christian Outdoor Leadership School. Activities will include transportation by personal vehicle to and from various destinations. Risks of injuries include those common to the activities mentioned in paragraph 5 of this waiver as well as those related to camp activities.

In signing this Release we hereby waive all claims, to the extent permitted by law against the Christian Outdoor Leadership School, their directors, officers, leaders, members and/or other persons or entities who lead or direct these activities, in the event the above named participant is injured or becomes ill, or in the event of accident or death occurring during or by reason of these activities or excursions. By signing this release, we intend to exempt and relieve the persons and entities mentioned above from liability for personal injury, property damage, or wrongful death caused by negligence.

Should it be necessary for the above named participant to receive medical attention/treatment while participating in these activities we hereby give permission for the person(s) leading or directing these activities to render medical attention or administer medical treatment as the physician/medical professional deems appropriate and necessary. We also give permission for the person(s) leading or directing these activities to use their best judgement to otherwise render any assistance (i.e. first aid, CPR etc) to the above named participant in the event of injury or illness.

We understand that the above organizations and any person(s) leading or directing these activities have no insurance coverage for medical or hospital costs for the above named participant, which are associated with injury or illness occurring in the course of these activities. Therefore any costs incurred for such medical attention/treatment shall be our sole responsibility.

By signing below we acknowledge that we have read and understand the terms of this release have been fully and completely advised of the potential dangers incidental in engaging in the activities (e.g. white water kayaking, canoeing, camping in a tent, hiking, mountain biking, backpacking, swimming, rock climbing, jumping into water off of rocks and the like) and are aware of the legal consequences of signing this release. The laws of the State of New Hampshire will govern this waiver of liability.

This is a release of liability and I have read this release:

Signed (Parent/Legal Guardian): _____

Signed (Participant): _____

Date signed by Parent /Legal guardian _____ by Participant: _____

Christian Outdoor Leadership School (COLS) Waiver of Liability

Participant:

Name: _____

Street: _____

City/State/Zip: _____

Home Phone #: _____

Phone number where you can be reached during trip _____

Date of Birth _____

Participant's Medical Insurance Carrier: _____

Known Allergies _____

What happens when they have a reaction? _____

List any medications needed on trip _____

What is the reason for this medication? What happens if they miss a dose? _____

Is there any information that we should know about to make this a more pleasant experience?

Is your child allowed to have Ibuprofen, Pepto Bismol, or Benadryl should the need arise? Yes or No