

# PCCM/CEDARKIRK ACTIVITY CONSENT FORM



## Participant Information

Name: (last) \_\_\_\_\_ (first) \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work/Cell phone: \_\_\_\_\_

Email address: \_\_\_\_\_  Please add me to Cedarkirk's email list.

*Initial each activity you consent to participate in.*

### Climbing Wall Consent

The climbing wall is 25 feet tall and has four climbing lanes, each equipped with hydraulic auto-belay systems for safety and controlled descent. I understand that climbing wall procedures and equipment are designed to keep participants safe and that the activity will be facilitated by trained staff. I acknowledge that I am required to follow all established safety procedures and requirements.

\_\_\_\_\_ YES; I agree to the above terms regarding my participation in and use of the Climbing Wall.

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### Tower Zip Line Consent

Cedarkirk's Tower Zip Line has a launch platform 19 feet high and travel distance of 200 feet. I understand that zip line procedures and equipment are designed to keep participants safe and that the activity will be facilitated by trained staff. I acknowledge that I am required to follow all established safety procedures and requirements.

\_\_\_\_\_ YES; I agree to the above terms regarding my participation in and use of the Zip Lines.

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### Canoeing & Kayaking Consent

Cedarkirk allows groups to canoe/kayak local bodies of water (rivers and lakes) in camp-owned canoes and/or sit-on-top kayaks. All participants are issued life-jackets and taught basic water safety and canoe/kayak instruction before departure. A Cedarkirk staff member trained in water safety and canoe/kayak paddling techniques accompanies the group on each trip. I acknowledge that I am required to follow all established safety procedures and requirements and will wear the provided lifejacket while on the water.

\_\_\_\_\_ YES; I agree to the above terms regarding my participation in Canoeing and/or Kayaking.

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### Archery Consent

The Archery program includes the handling of bows and shooting of arrows towards targets on Cedarkirk's archery range. All participants are trained in the proper and safe use of the bows and related equipment, and taught range commands to ensure individual and group safety. A Cedarkirk staff member trained in archery facilitation and range safety leads each group in the activity. I acknowledge that I am required to follow all established safety procedures and requirements during my participation in this activity.

\_\_\_\_\_ YES; I agree to the above terms regarding my participation in the Archery program.

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### Waiver of Liability and Authorization to Participate

I accept full responsibility for myself and/or my child in the case of bodily injury, death, loss of personal property, and expenses thereof and I hereby waive, release, indemnify, and hold harmless any claims or demands which I or any member of my family may have against Presbyterian Camp and Conference Ministries of SW Florida, Inc., its employees, volunteers, officers, or directors, that may result from negligence by Presbyterian Camp and Conference Ministries of SW Florida, Inc., its employees, volunteers, officers, or directors. If there is any question regarding my and/or my child's ability to participate in these activities, I will inform camp staff prior to participating or allowing myself and/or my child to participate. I understand that all participants are required to follow established rules and procedures associated with each activity. I acknowledge the nature of the activities and the fact that not all the stresses and hazards connected with the activities can be foreseen. I recognize that there is a significant element of risk in any adventure, sport, or activity associated with the outdoors. Knowing that there are inherent risks, dangers, and rigors involved in the activities, I permit myself and/or my child to participate in the activities of this camp.

### Signature of Consent

In signing this form, I hereby certify that the information contained herein is correct and that I agree to the terms above. I also give permission for the use of photography and video recordings of me/my child in camp publicity.

Signature (Participant) \_\_\_\_\_ Date \_\_\_\_\_

Signature (Parent/Guardian if participant is minor) \_\_\_\_\_ Date \_\_\_\_\_