

Camp JIM Inc
Guest/group release form

Individual covered by this release (please print):

First Name: _____ **Last Name:** _____

Acknowledgement of Risk, Medical and Media Release.

I understand and acknowledge that participation in the activities offered by Camp JIM (Included but not limited to climbing wall, kayaking on/off property, sports, hiking, fishing, swimming, canoeing on/off property, water trampoline, diving tower, paddle boating, riflery, waterslide) entails both known and unanticipated risks of harm which could result in physical or emotional injury, paralysis, death, or damage to the participant, property, or to third parties. I understand that Camp JIM Inc. does not provide medical insurance/ liability protection for guests and therefore it is the above signed responsibility to cover any medical costs incurred during or related to attending/participating at Camp JIM Inc. I understand that Camp JIM Inc. does not always provide waterfront life guarding staff and, when none are present, it is the parent/guardian's responsibility for waterfront safety. I understand and acknowledge that such risks simply cannot be eliminated in all camp type activities. I further understand and acknowledge that the risk of harm inherent in these activities may be increased by factors beyond the control of Camp JIM Inc., including but not limited to the weather and elements, equipment manufacturer's malfunction and a participant's fitness and abilities. I further authorize the camp to use photos as well as video/ audio taken while at camp for Camp JIM Inc. promotional purposes. At no time will camp photos be sold to other organizations.

(Signature of attendee or guardian of attendee)

(Date)