

**Voluntary Release Form**  
**Camp Allegheny Inc**  
**Outdoor Adventure Activities**  
(Challenge Course, Climbing Wall, Zip- Line)

By signing this release form, I agree to release and hold harmless, CAMP ALLEGHENY, their agents, assistants, employees, and co-sponsors including but not limited to: THE WESTERN PENNSYLVANIA CONFERENCE OF THE UNITED METHODIST CHURCH and their employees or agents, for any damage or injuries, physical or mental, which I might incur as a result of my voluntary decision to participate in the "Outdoor Adventure Activities" held at: CAMP ALLEGHENY.

If I do voluntarily choose to participate in the "Outdoor Adventure Activities", I recognize that there is a significant element of risk in any adventure, sport, or activity associated with the outdoors. Knowing the inherent risks, dangers, and rigors involved in the activities, I certify that I am fully capable of participating in the activities.

I assume full responsibility for myself for bodily injury, death, loss of personal property, and expenses thereof, as a result of my negligence, or other risks, including but not limited to those caused by the challenge course, the terrain, the weather, my athletic and physical condition, and other participants.

By signing this release form, I agree that if I do sustain any physical injury or mental damage of any nature as a result of my voluntary decision to participate in the "Outdoor Adventure Activities"; I voluntarily agree to hold harmless and release the above named parties from any liability therefore and that this release is binding on my heirs and assigns.

I acknowledge that I have been given the opportunity to ask questions regarding any aspect of this release form and by signing in the space provided do acknowledge that I have read completely and fully understand all aspects of this release form and agree to its terms in their entirety.

Print name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature of parent or guardian (if under 18) \_\_\_\_\_

Print name of parent or guardian \_\_\_\_\_

\_\_\_\_\_  
Address of participant

( ) \_\_\_\_\_  
Phone