

## Water's Edge Camp - Adventure Waiver

**Acknowledgement of Risk and Assumption of Personal Liability:** I understand that during my participation in the below mentioned activities I may encounter stressful and challenging situations. I understand that although the program has taken precautions to provide proper organization, supervision, instruction and equipment, for each activity it is impossible for the program to guarantee absolute safety. I also understand that I share and assume responsibility for safety. Further I waive any claim that may arise against Water's Edge Camp and the Eastern Michigan District Church of the Nazarene, and its employees, boards and representatives.

**Medical Statement:** I understand I am in sufficient physical condition to participate in the below mentioned activities. I will notify an activity instructor of any health concerns I have or that arise during the activity. I am not on any medication that will impair my ability to perform the activities and I have not and/or will not take alcoholic beverages or drugs within 12 hours prior to participation.

This acknowledgement applies to the following activities. (Check approval)

Challenge Course: high ropes, zip line, climbing wall ( )

Lake Front: swimming ( ) water slide ( ) blob ( )

Paintball ( )

I agree to comply with all instructions and directions of Water's Edge Camp staff and activity instructors prior to and during my participation. I also acknowledge there can be no guarantee of safety against risk and unforeseen accident. I consent to participation in the activity(s) checked above. I authorize the treatment of my son or daughter by a licensed medical doctor in the event of an emergency and a reasonable effort has been made to contact me through the provided emergency number.

Participants Name: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature (If under age 18)

Emergency Contact Number: \_\_\_\_\_

Date: \_\_\_\_\_