



PROGRAM RELEASE FORM

ALL GUESTS AND ALL PARENTS OR GUARDIANS OF ANY GUEST WHO IS A CHILD (UNDER 18) THAT WISHES TO PARTICIPATE IN ANY PROGRAM OR ACTIVITY MUST COMPLETE THE FOLLOWING PROGRAM RELEASE FORM BEFORE GUEST OR BEFORE HIS/HER CHILD MAY BEGIN THE PROGRAM/ACTIVITY.

<input type="checkbox"/> Male	<input type="checkbox"/> Female	Age: _____
--------------------------------------	--	-------------------

Personal Information

Participant's Name:	_____				EMAIL:	_____		
Church:	_____							
Phone Number:	(Home): (_____) _____ - _____	(Cell): (_____) _____ - _____						
Address:	Street	City	State	Zip				
	_____	_____	_____	_____				

Program or Event Information

I agree for myself or for my child to participate in any Program or Event sponsored by Camp Horizon both on site or off site. Programs include but are not limited to: hiking, mud pit, zip line, canoeing, archery, low & high ropes challenge course, rock climbing/rappelling, work projects, hay rack rides, mountain biking, gaga ball

RELEASE / DISCLAIMER

I DO HEREBY ASSUME FULL RESPONSIBILITY FOR ANY AND ALL DAMAGES, INJURIES (INCLUDING DEATH), OR LOSSES THAT MAY BE SUSTAINED OR INCURRED, IF ANY, WHILE ATTENDING, PRACTICING, PARTICIPATING OR WITNESSING IN ANY ACTIVITY, PROGRAM, SPORT OR PHYSICAL ACTIVITY OCCURRING IN OR ABOUT CAMP HORIZON PREMISES OR AT ANY OFFSITE LOCATION. I HEREBY ASSUME FULL RISK, WAIVE ALL CLAIMS AND RELEASE AND HOLD GREAT PLAINS UNITED METHODIST CAMPS, INC. DBA CAMP HORIZON, IT'S INSTRUCTORS, OR PARTNERS OF SAID PROGRAM OR EVENT, INDIVIDUALLY OR OTHERWISE, HARMLESS FOR ANY AND ALL CLAIMS FOR INJURIES OR DAMAGES.

I am fully aware and understand that Camp Horizon does not have on or about the premises, an employ or contract with any medical services, provisions for ordinary and/or emergency medical services.

In consideration of mine or my child's participation in and the use of Camp Horizon's facilities, I hereby release and covenant not to sue the institution, its owners, shareholders, directors, officers, employees, representatives, agents, and lessees from any and all claims resulting from any physical injury that may occur to myself or my child while participating in any program or event sponsored by GREAT PLAINS UNITED METHODIST CAMPS, INC. DBA CAMP HORIZON.

I HAVE READ AND FULLY UNDERSTAND THE ABOVE RELEASE/WAIVER AND FULLY UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING THIS WAIVER VOLUNTARILY.

Parents or guardians must sign if applicant is UNDER 18.

Participant's Name (print): _____ DATE: _____

Participant's Signature: _____ DATE: _____

Parent/ Guardian Name (print): _____ DATE: _____

Parent/ Guardian Signature: _____ DATE: _____

Camp Horizon
30811 Horizon Dr.
Arkansas City, KS 67005
620-442-5533
www.horizoncenter.org