

**CAMP HOLY WILD  
ZIPLINE, ROCKWALL & SCREAMER SWING ACTIVITIES  
INFORMED CONSENT / LIABILITY RELEASE FORM**

**Please read this form and sign it so that your camper(s) may participate in the zipline, rockwall and screamer activities. Since many campers decide to sign up for this activity after arriving at camp, please fill out this form in ensure that your camper(s) may participate.**

I am aware and understand that participating in the rock climbing, zipline and/or screamer activities involves a potential risk of physical injury, and I fully understand that the activities are physically demanding and potentially dangerous. I agree and hereby state that I am solely responsible for my child(ren)'s participation and for my child(ren)'s physical and emotional well-being. I am aware and understand that all of the activities are strictly voluntary, and after due consideration of my child(ren)'s physical health, physical abilities, and medical condition, it is my own choice and that of my child(ren) to participate in each activity to whatever degree I deem appropriate. I will willingly and knowingly accept liability for all risks of physical injury and/or emotional upset which may occur during or after participating in any aspect associated with such activities on behalf of my child(ren), myself, my heirs, family members, executors, and administrators and I hereby agree to hold Holy Wild Ministries, Inc., its employees, its instructors, facilitators and agents harm-less from any liability arising out of my child(ren)'s participation in said activities.

Should Holy Wild Ministries, Inc. or anyone acting on its behalf be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold Holy Wild Ministries, Inc. harmless for all such fees and costs.

I have had sufficient opportunity to read this entire document. I have read and understand it and I agree to be bound by its terms.

_____ <b>(Name of Child)</b>	_____ <b>(Name of Child)</b>	_____ <b>(Name of Child)</b>
_____ <b>(Parent / Guardian)</b>		_____ <b>(Date)</b>

YOU MAY REPRODUCE THIS FORM AS NECESSARY.  
**(ONE FOR EACH FAMILY OR PARTICIPANT)**