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 to 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 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 it is my own choice and that of my child(ren) to participate in each activity to whatever degree I deem appropriate, after due consideration of my child(ren)'s physical health, physical abilities, and medical condition. I will willingly and knowingly assume for my child(ren), myself, my heirs, family members, executors, administrators and assign all risk of physical injury and emotional upset which may occur during or after participating in any aspect of the activities, and hereby agree to Holy Wild Ministries, Inc., it's employees, it's instructors, facilitators and agents harm-less from and liability arising out of my child(ren)'s participation in the 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.

Name(s) of Child(ren)	Name(s) of Child(ren)	Name(s) of Child(ren)

Parent / Guardian Signature	Date

Camp Staff use only

Zipline	Rockwall	Screamer

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