



Aldersgate Camp & Retreat Center

125 Aldersgate Camp Rd Ravenna, KY 40472 (606)723-5078 www.aldersgatecamp.org

Release Form (every guest must bring this completed form)

In consideration of the services of Aldersgate Camp & Retreat Center, their facilitators, employees, and Board of Directors, the Trustees of the Kentucky United Methodist Conference and all other persons or entities associated with Aldersgate (hereafter referred to as Aldersgate), I agree as follows:

I release Aldersgate from all liability while I am working as a volunteer and/or participating in any activities, including but not limited to: adventure course, horseback riding, hiking, swimming, caving and playing in the creek. Although Aldersgate has taken reasonable steps to provide me with appropriate equipment and skilled facilitators so I can enjoy activities for which I may not be skilled, Aldersgate has informed me that these activities are not without risks. The same elements that contribute to the unique character of these activities can be causes of loss or damage to my equipment, or accidental injury, illness, or in extreme cases, permanent trauma or death. Aldersgate does not want to frighten me or reduce my enthusiasm for any activity, but believes it is important for me to know in advance what to expect and to be informed of inherent risks.

I agree to assume and accept full responsibility for the inherent risks identified herein and those not specifically identified. My participation in these activities is purely voluntary, no one is forcing me to participate, and I elect to participate in spite of and with full knowledge of these risks.

I acknowledge that engaging in these activities may require a degree of skill and knowledge different than other activities and that I have responsibilities as a participant. I acknowledge that Aldersgate staff has been and will be available to more fully explain to me the nature and physical demands of each activity and the inherent risks, hazards, and dangers associated with these activities.

I certify that I am fully capable of participating in these activities. Therefore, I assume and accept full responsibility for myself, including all minor children in my care, custody and control, for bodily injury, death or loss or personal property and expenses as a result of my negligence in participating in this activity.

I have carefully read, clearly understood and accept the terms and conditions stated herein and acknowledge that this agreement shall be effective and binding upon myself, my heirs, assigns, personal representative, and estate and for all members of my family, including minor children.

Participant Signature Date

Parent/Guardian's Signature (if participant is under 18yrs old) Date

Participant Information

Name _____
(Last) (First) (Middle Initial)

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Business Phone: _____

Person to Notify in case of accident or emergency:

Name: _____ Phone # _____