FELICIANA
RETREAT & CONFERENCE CENTER

Assumption of Risk & Release Affidavit

Name of Event: _____ Date: _____

With my signature below, I certify that I have been informed and made aware that during my/my child's stay at Feliciana Retreat and Conference Center, also known as FRCC, certain risks and dangers may occur. These risks include but are not limited: hazards that arise from being in a wilderness area, the forces of nature, and participation in activities near or in water and/or other site activities, arranged by FRCC or a group leader. To allow participation in the activities organized and conducted, FRCC wishes to make know there is inherent risk in many of the programs offered. ***These activities include but are not limited to: swimming, hiking, boating, athletics and,***

Challenge Course/Zipline

The low ropes section of the Challenge Course involves supervised participation in the elements, including wooden platforms, boards, wires, or other objects that may be 1 to15 feet off the ground. These elements require group participation, and participants must use safety harnesses, helmets, and rope belay system that is controlled by a certified instructor.

Archery

The archery program involves supervised participation outdoors in an area separate for shooting bows and arrows, with clearly marked safety buffers, backstops behind each target area.

The ***signature on this document*** *shall serve as* ***permission for participation, and assumption of risk****. In consideration of my willingness engage/allow my child to engage in any above described or various other activities, I the undersigned assume ordinary risks involved due to the nature of the activities and do hereby hold Feliciana Retreat and Conference Center, its officers, directors, agents, employees and volunteers, harmless from any and all claims, liabilities, suits, actions, causes, damages or losses and demands of every kind and nature whatsoever, including without limitation, all costs and attorney fees, which may arise from emotional, physical injury, including fatality, from or in connection with my/my child's stay, or participation in activities at FRCC. The terms hereby shall serve as a release and assumption of risk for me, my heirs, executors, administrators and for all members of me/my child's family.*

In case of accident or illness, the cost of medical care is the financial responsibility of the ill or injured person or parent or legal guardian. However, I understand that it is solely my responsibility to determine whether there is any medical reason that I/my child should not participate in the program(s). I also state that I am not under, and will not be under, the influence of any chemical substance, including alcohol. Further, I understand that I am responsible for costs incurred for transportation home in the event of illness, discipline problem, or failure to adhere to FRCC Health and Safety procedures.

Photographic Opt. Out:

_____ Initial here if you DO NOT permit FRCC and leadership taking photos/videos of you/your child for promotion and presentation purposes. (FRCC will not use names in publicity)

_____

Print Full Name of Participant_____Signature/Parent Guardian_____

Date: _____

Email: _____ Emergency Phone Number: _____