QUAKER RIDGE CAMP AND CONFERENCE CENTER
ACTIVITY CONSENT AND RELEASE

I consent for myself and/or any of my children listed below to participate in any ministry, recreational, or other activity at the Quaker Ridge Camp and Conference Center and to use the Camp facilities.

I understand that participating in these activities and using these facilities may involve some inherent risks. Nevertheless, I want myself (and/or my children) to have the opportunity to participate in the activities and enjoy the facilities of the Camp.

Waiver, Release, and Indemnification – In return for the opportunity for me and/or my child to participate in Camp activities and use Camp facilities, I, individually, and in my capacity as parent, guardian, or next friend of my children listed below, waive, release, indemnify, and promise not to sue the Camp and any of its agents, directors, officers, ministers, employees, and volunteers (collectively, "Released Parties") from all demands, claims, or liability, in law or in equity, that have arisen or may arise from this activity, including travel associated with this activity, and that involve any damage to or loss of my property or the property of any of my children, or any injury to any of my children. This release applies to any property damage or injury resulting from horseback riding; hiking; intentional or unintentional interactions with domestic animals or wildlife, including pests or insects; ropes adventure activities; fishing; weather or any other act of God; or any other activity related to the Camp experience. This waiver, release, indemnification, and promise not to sue does not apply to claims of criminal conduct, gross negligence, or reckless and intentional acts.

This release is revocable, prospectively only, by a writing signed by me that bears the date that the revocation is delivered to the Camp.

Signature of ☐ ***Adult or***
☐ ***Parent or Guardian and Youth 14 to 18 years of age *younger than 14 does not need to sign.***

Date	Signature	Printed Name
Date	Signature	Printed Name
Date	Signature	Printed Name
Date	Signature	Printed Name

Address

Home Telephone | Work Telephone | Cell Telephone

Emergency Contact | Telephone

PLEASE PRINT THE NAME OF EACH CHILD OR YOUTH TO WHOM THIS RELEASE APPLIES AND HIS OR HER BIRTH DATE

Name:_____ Date:____/____/____

Name:_____ Date:____/____/____

Name:_____ Date:____/____/____

Name:_____ Date:____/____/____