



## Program Participant Information & Activity Release of Liability

**Disclosure:** *Lutherhaven Ministries' programs at any and all of its sites include a variety of activities involving some degree of risk:*

- Group Activities that may expose participants to infectious diseases
- Low & High Ropes Challenge Course Activities
- Rock Climbing
- Horseback Riding\*
- Swimming
- River Floating
- Canoeing
- Boating
- Hiking
- Biking
- Active Games
- Rigorous Physical Activities
- Other Activities Not Included Here

There is no way to eliminate any potential risk of injury, disability, or even death associated with camp activities. The level of participation in any Lutherhaven Ministries program or activity is undertaken at the individual's choice. All Lutherhaven Ministries program elements are built and conducted to industry standards by professional staff utilizing appropriate equipment systems. However, each participant assumes the risk that he or she may suffer an emotional or physical injury, disability, or even death while involved in any Lutherhaven Ministries' program or activity.

Special infectious disease and Covid-19 statement: There is no way to eliminate any potential risk to infectious disease, including Covid-19. However, Lutherhaven monitors Center for Disease Control (CDC) and Panhandle Health guidelines and implements additional safety measures, as necessary.

**Complete this form entirely!** Certain health information must be known to the facilitator(s) conducting programs so they are prepared to respond appropriately if health or emergency needs arise. This information is held in confidence, but may be disclosed for the health or safety of you or others, or as required by law.

Name of Group: \_\_\_\_\_ Date: \_\_\_\_\_

Participant Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

1. Is there *any* activity you do not want yourself or your child/ward to engage in? If yes, please specify the activity and the reason why you do not want them to engage in it. \_\_\_\_\_ No \_\_\_\_\_ Yes If yes, identify and explain:  
\_\_\_\_\_
2. Do you or your child/ward have any physical disabilities or medical conditions (temporary or permanent) that may limit or jeopardize participation in active programs? \_\_\_\_\_ No \_\_\_\_\_ Yes  
If yes, identify and explain: \_\_\_\_\_
3. Do you or your child/ward have any physical or medical conditions (temporary or permanent) that may put those around you at risk? \_\_\_\_\_ No \_\_\_\_\_ Yes  
If yes, identify and explain: \_\_\_\_\_
4. Are you or your child/ward currently taking any medication (prescribed or over the counter)? \_\_\_\_\_ No \_\_\_\_\_ Yes  
If yes, what and for what: \_\_\_\_\_
5. Do you or your child/ward have any life-threatening or severe health-threatening allergies, reactions to medications, or any other medical limitations? \_\_\_\_\_ No \_\_\_\_\_ Yes  
If yes, identify and explain: \_\_\_\_\_

(Over)

**Release of Liability for claims not covered and paid by insurance:** I understand that certain activities at Camp Lutherhaven, Shoshone Mountain Retreat, Bethany Center, and McPherson Meadows may be physically or emotionally demanding. I understand that attending Camp Lutherhaven, Shoshone Mountain Retreat, Bethany Center, and McPherson Meadows may expose me to infectious disease. I affirm that my or my child/ward's health is good, and that I am not or my child/ward is not under a physician's care for any undisclosed condition that may affect my or my child/ward's fitness or ability to participate in physical activities. I recognize the inherent risk of injury, disability, or death in physical activities, and understand that each participant assumes the risk of participating in these activities. On behalf of myself and my child/ward, I release Lutherhaven Ministries, Inc., (a/k/a Lutherhaven Ministries), the Lutherhaven Ministries' staff, Board of Directors, members, and volunteers from all liability for any injury, infection, condition, or death arising out of my or my child's/ward's participation in any Lutherhaven Ministries activity or program, or arising from my or my child's/ward's use of Lutherhaven Ministries' property, to the extent not covered and paid by insurance.

**Indemnification and Hold Harmless:** In consideration for my or my child's/ward's attendance at a Lutherhaven Ministries activity and/or use Lutherhaven Ministries premises, I further indemnify and hold harmless Lutherhaven Ministries, Inc., (a/k/a Lutherhaven Ministries), the Lutherhaven Ministries' staff, Board of Directors, members, volunteers against any and all claims or actions arising out of my or my child's/ward's access to Lutherhaven Ministries premises or involvement in any Lutherhaven Ministries activity to the extent that the claim or action is not covered and paid by Lutherhaven Ministries' liability insurance.

**Photo Release:** Lutherhaven Ministries may capture, use, reproduce, assign and/or distribute photographs or videos of myself and/or my child/ward for use in materials they may create for the purpose of promoting Lutherhaven Ministries and its programs. I understand and agree that no monetary compensation or non-monetary benefits shall be provided in exchange for granting permission to capture and use the content.

Date: \_\_\_\_\_ Participant's Signature (If 18 years or older): \_\_\_\_\_

Parent's or Guardian's Signature (If participant is under 18 years old): \_\_\_\_\_

Parents or Guardian's Printed Name (If participant is under 18 years old): \_\_\_\_\_

Participant's Address: \_\_\_\_\_

Participant Phone: (\_\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contacts

(1) Name: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_

(2) Name: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_

\*Horseback Riding requires additional liability release.