

## Men-O-Lan Adventure Program



1415 Doerr Road Quakertown, PA 18951 215-679-5144 [www.menolan.org](http://www.menolan.org)

### Participant Assumed Risk and Release Form

**Group Name:** The Hill School

**Event Date:** Sept 16-17, 2023

I (name) \_\_\_\_\_, agree to participate in Men-O-Lan Adventure Program (AP) activities, except as noted below by me. With the understanding that the AP's trained staff will make every effort to ensure my safety and well-being. However, I understand there are inherent risks of injury associated with AP and outdoor activities (such as hiking, rappelling, belayed climbing, high and low challenge course, zipline and power swing) which, however slight the chances of occurrence, cannot be completely eliminated. These risks include but are not limited to: falls from a height, exposure to severe storms or to weather-related heat or cold, injury from falling objects and injury from collision with other people or objects during activities, and equipment failure. Furthermore, I recognize that, because Camp Men-O-Lan is in a rural location, access to local advanced emergency medical care is limited and emergency response and travel time may seem unduly long relative to urban standards. I also understand that the Camp Men-O-Lan staff cannot provide medical care for me, with the exception of emergency first aid. I hereby acknowledge and accept the risk of injury while I am engaged in Men-O-Lan AP activities.

I also agree to be transported in Men-O-Lan vehicles for transportation as needed. Furthermore, I authorize Men-O-Lan to use photographs of me in Camp Men-O-Lan publicity.

In consideration of my participation in AP activities, I hereby release and covenant with Camp Men-O-Lan that I will never institute any action at law or in equity for any personal injuries, or injuries to property, real or personal, caused by or arising out of activities sponsored by Camp Men-O-Lan and its legal representatives.

Please indicate below any limitations, conditions, or instructions you wish our AP staff to be aware of concerning your participation in AP activities. (i.e. Asthma, Back Troubles, Bleeding Disorders, Heart Condition, Mobility, Pregnancy)

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By signing my name, I am saying I am 18 years or older.

Participant Signature\_\_\_\_\_

Date\_\_\_\_\_

☐ I am under 18, age:\_\_\_\_\_

Parent/Guardian Signature\_\_\_\_\_

Date\_\_\_\_\_

Print Parent/Guardian Full Name\_\_\_\_\_

Relation to Child\_\_\_\_\_

Updated 4/15