

WOLVERINE CAMPS
RELEASE OF LIABILITY FORM

Participants Name (please print) _____

Address _____ City _____ State _____ Zip _____

Age _____ Date of Birth _____ Male _____ Female _____

Telephone: Home _____ Work _____ Other _____

Please add me to the *Wolverine Camps* Mailing List Yes _____ No _____

E-mail address: _____

Please list any health concerns or medications you are taking that you feel *Wolverine Camps* should be aware of:

PARTICIPANT MEDICAL TREATMENT RELEASE

If medical treatment is warranted at the discretion of *Wolverine Camps* staff, or if surgical care is recommended by a physician selected by *Wolverine Camps* staff, then I give permission to authorize treatments for the participant identified on this form. (All efforts to notify the parent, guardian or contact person will be made first)

Signed _____ Date _____

Participant's signature (Parent or guardian if under 18 years of age)

In case of an emergency, please list a contact person and phone number

Primary Contact Name _____ Phone _____

Secondary Contact Name _____ Phone _____

PARTICIPANT RELEASE AGREEMENT

While at *Wolverine Camps*, participants could be involved in activities that require exposure to changing weather conditions and the use of a variety of equipment. All activities require complete attention and responsibility of the participant, either individually or as a group. Many of these activities include inherent risks. By signing below, you expressly understand and agree to assume all risks and to release *Wolverine Camps*, its agents, and employees from any and all liability arising from any losses of personal property or any bodily injuries incurred by the participant on the property of *Wolverine Camps*, or in connection with any of its activities or programs unless such loss or injury results directly from the gross negligence or willful and wanton misconduct of any employee or the organization acting within the scope of his employment. A signature is required for admission and to participate at *Wolverine Camps*.

Signed _____ Date _____

Participant's signature (Parent or guardian if under 18 years of age)

PHOTO/MEDIA RELEASE

I grant permission to *Wolverine Camps* and persons acting for or through them, the rights to use, reproduce, and/or distribute photographs, films, videotapes and sound recordings involving the participation of the individual on this form at *Wolverine Camps* for use in promotional materials they may create.

Signed _____ Date _____

Participant's signature (Parent or guardian if under 18 years of age)