



LIABILITY RELEASE FORM

True Elevation Wilderness Ministry

ACKNOWLEDGEMENT OF RISK

I acknowledge and understand there are inherent risks associated with True Elevation Trips, (hereafter referred to as "Trips"), including back packing, rock climbing, mountain climbing, hiking, swimming, eating trail food, drinking treated water from streams, etc., and other activities included in the Trip. I will assume the risk associated therewith, whether known or unknown to me at this time. I recognize that my attendance in the Trip is a privilege and as a consideration for this privilege, I hereby release True Elevation Wilderness Ministries and any guides or leaders representing the activities of True Elevation trips, from any legal or financial responsibility with respect to my participation in the Trip. I also release True Elevation Wilderness Ministries and any guides or leaders representing the activities of, True Elevation Wilderness Ministries from responsibility for my accidental physical injury, including death or illness, and loss of personal property while on the backcountry Trip or during travel to and from the Trip. This release is also intended to include all claims made by my family, estate, heirs, personal representatives or assigns.

INITIALS OF PARENT OR GUARDIAN OR ADULT CAMPER/STAFFER: _____

ACKNOWLEDGEMENT OF MEDICATIONS

I acknowledge and understand that the following medications will be carried by True Elevation Wilderness Ministries guides on the Trip: Ibuprofen, Antihistamine, TUMS, Imodium AD, Pepto-Bismol. I acknowledge and understand that there will *not* be any other medications available on the trip, including, but not limited to, Epinephrine. I hereby release True Elevation Wilderness Ministries and any guides or leaders representing the activities of True Elevation Wilderness Ministries trips, from any physical injury, including death or illness, which is a result of administering the above medications and/or not having specific medications available on the Trip. I acknowledge and understand that if I have any specific needs for medication I will provide and administer them myself.

Note: It is not uncommon for a person to experience anaphylaxis from a bee sting or food allergy even if they have never before had a reaction. We recommend (but do not require) that each camper carry an EPI-PEN as a precaution in case of a life-threatening anaphylactic reaction to a food allergy or bee sting, etc. This is a prescription drug so you would need to have your doctor prescribe an EPI-PEN for your child to carry as a precaution on the trip. We highly recommend each camper carry an EPI-PEN. Most doctors will agree to this even if your child has not displayed any food or bee sting allergies before because these trips will occur in remote settings, far away from immediate medical help, so this is a normal backcountry precaution.

INITIALS OF PARENT OR GUARDIAN OR ADULT CAMPER/STAFFER: _____

WAIVER AND RELEASE

If I am under age 18, my parent or guardian, by signing below, also consents to my release and he or she agrees that this release shall be binding upon him or her as my parent or guardian as to me and my estate, heirs, personal representatives and assigns. My parent or guardian also promises, by signing below to defend, indemnify and hold True Elevation Wilderness Ministries and any guides or leaders representing the activities of True Elevation Wilderness Ministries trips harmless from any claim asserted by me against True Elevation Wilderness Ministries and any guides or leaders representing the activities of True Elevation Wilderness Ministries trips, if I should repudiate this release after obtaining adulthood.

PHOTO RELEASE

I hereby grant permission to True Elevation Wilderness Ministries and any guides or leaders representing the activities of True Elevation Wilderness Ministries trips the right to use, reproduce, and/or distribute photographs, films, videotapes, and sound recordings of my child, without compensation or approval rights, for use in materials created for purposes of promoting the activities of True Elevation Wilderness Ministries or to promote backcountry ministry in general.

Signature of parent or guardian or adult camper/staffer:

I also understand and agree to abide with the restrictions placed on my trip activities as listed herein:

Signature of minor or adult camper/staffer: _____ **Date:**

Printed name of minor or adult camper/staffer: _____ **Date:**
