



**Acknowledgment of Risk
Waiver and Release of Liability
Assumption of Personal Responsibility**

For the Parents:

Part of the Counselor in Training program (C.I.T.) includes a four day hiking excursion. Outlined below, are risks to consider when participating in the C.I.T. program.

1. Identification of Risks.

I understand that for four days the C.I.T. program will be conducted almost exclusively in an isolated outdoor environment away from Camp Tapawingo. It will operate in all kinds of weather, in a wide variety of physical settings, and with diverse people. As a result, I further understand that during my daughter/ward's participation she may be exposed to unusual risks and stresses which may result in property damage or severe, maybe even fatal, injury. These include but are not limited to the hazards of traveling over rugged terrain, climbing or descending, building fires, using knives, and having injuries or illnesses in remote areas without medical facilities. Forces of nature such as darkness, heavy rain, lightning, strong winds, extremes of heat and cold, biting insects and animals, and falling objects may independently or in combination with activities cause a serious accident. Stresses may also result from emotional anxiety, interpersonal conflicts, homesickness, and irregularities in eating, sleeping, and bathing.

2. Acknowledgment of Risk.

I understand the C.I.T. program to be a challenging experience conducted in an isolated wilderness environment. I understand that although the C.I.T. program has taken reasonable precautions to provide proper equipment, suitable facilities and qualified instructors, it is impossible to guarantee absolute safety against illness, injury or loss resulting from my participation. I acknowledge the risk inherent in wilderness activities and agree to assume that risk. I also agree to verify with my daughter/ward's physician that she has no physical or psychological problems that would prohibit her full involvement.

3. Waiver and Release.

In light of the above, I waive, release and discharge any and all claims for damages of death, personal injury, or property loss which my daughter/ward may have as a result of participation in this program. I understand that these injuries and losses might result from the action, inactions or carelessness of other participants as well as from my daughter/ward's actions. More specifically, I hereby hold Gospel Volunteers, Inc. and Camp Tapawingo, or any individual acting in an official or advisory capacity for Gospel Volunteers, Inc. and Camp Tapawingo, harmless and release Gospel Volunteers, Inc. and Camp Tapawingo and its agents from any liability and claims rising out of an accident or stressful incident during the program, except where caused by the gross negligence or wanton misconduct of any of the released parties. I intend this waiver and release to also apply to any relatives, heirs, next of kin, personal representatives, or assigns who might pursue any legal action or claim on my behalf.

4. Insurance

I currently have, and agree to maintain throughout my daughter/ward's participation, valid and sufficient medical and accident insurance. I understand that this is my sole responsibility and release all persons and entities from providing this coverage for me. If medical and accident insurance is not available, then I will supply a credit card.

Parent/Guardian Name: (Please Print) _____

Signature of Parent/Guardian: _____ Date _____

For the C.I.T participant :
Assumption of Personal Responsibility.

I agree that I am responsible for my safety while participating in the Counselor in Training program and I am willing to assume that responsibility. This means that I agree to follow any instructions and directions given me by the C.I.T. staff and will seek to act carefully and with good judgment at all times.

Camper's Name: (Please Print) _____ Age _____

Camper's Signature: _____ Date _____