RING HOMESTEAD CAMP inc.

Outdoor Adventure Activities

ASSUMPTION OF RISK / RELEASE OF LIABILITY / INFORMED CONSENT

I UNDERSTAND THAT PARTS OF **RING HOMESTEAD CAMP INC.** PROGRAM MAY BE PHYSICALLY/EMOTIONALLY DEMANDING. I AFFIRM THAT MY HEALTH IS GOOD, AND THAT I AM NOT UNDER A PHYSICIAN'S CARE FOR ANY UNDISCLOSED CONDITION THAT BEARS UPON MY FITNESS TO PARTICIPATE IN **RING HOMESTEAD CAMP INC.** ACTIVITIES. I UNDERSTAND THAT THE LEVEL OF PARTICIPATION IN **RING HOMESTEAD CAMP INC.** ACTIVITY IS AT ALL TIMES COMPLETELY VOLUNTARY AND UP TO THE INDIVIDUAL'S CHOICE. ALSO I RECOGNIZE THE INHERENT RISK OF INJURY OR DISABILITY AND/OR DEATH IN **RING HOMESTEAD CAMP INC.** ACTIVITIES AND UNDERSTAND THAT EACH PARTICIPANT MUST ASSUME THE RISK OF INJURY THAT COULD RESULT FROM ANY OF THE ACTIVITIES. I RELEASE **RING HOMESTEAD CAMP INC.** AND ITS STAFF MEMBERS, PRINCIPALS, AND BOARD FROM ALL LIABILITY FOR ANY INJURY TO ME FROM PARTICIPATING IN **RING HOMESTEAD CAMP INC.** ACTIVITIES.

DATE ______________________________

PARTICIPANT NAME *(Please Print)*	PARTICIPANT SIGNATURE*

*PARENT OR GUARDIAN'S SIGNATURE (IF PARTICIPANT IS UNDER 18 YEARS)