



FOR OFFICE USE ONLY

ENTRY _____

CR _____ LED _____

DB _____ ITAU _____

EXCEL _____

PREV EXC _____

QUAD ACTIVITY RELEASE FORM

Assumption of Risk, Waiver, Release of Liability, Indemnity Agreement

In consideration of permitting my child to participate in the quad riding activity conducted by Camp Lohikan I, for myself and on behalf of my child, my personal representatives, heirs and next of kin do the following:

- I hereby acknowledge that quad riding is a potentially dangerous activity and involves the risk of serious injury and/or property damage. While protective equipment, safety procedures and personal discipline will minimize this risk, the risk of serious injury does exist.
- I fully understand and acknowledge that: (a) risks and dangers exist in my child's operation of a quad; (b) my child's participation in such activities and/or use of a quad may result in injury, or damage to personal property, (c) these risks and dangers may be caused by the quad activity operator, camp staff members or other participants, or by accidents, or by forces of nature or other causes. Risks and dangers may arise from foreseeable and unforeseeable causes including but not limited to: the selection of the quad track, quad trail or uneven terrain, weather conditions, and such other risks, hazards and dangers that are integral to recreational activities that take place in a wilderness, outdoor or recreational environment.
- I understand that the activity of quad riding is physically and mentally intense. I have instructed my child in the importance of knowing and adhering by the rules, regulations and procedures established for the safety of quad riding participants and my child has agreed to do so.
- I hereby release, waive and discharge Camp Lohikan, its owners, directors, officers, employees and agents (the Releasees) from all liability to myself or my child, and my personal representatives, for personal injury or property damage if caused fully or in part by my child's violation of camp rules or safety regulations.
- I hereby assume full responsibility for any risk of bodily injury or property damage related to my child's participation in said activity, whether foreseen or unforeseen, if caused fully or in part by my child's violation of camp rules or safety regulations.
- I hereby acknowledge that this Waiver and Release of Liability, Assumption of Risk and Indemnity Agreement extends to all acts of the Releasees, and is intended to be as broad and inclusive as permitted by the laws of Pennsylvania and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.
- I have read this Waiver and Release of Liability, Assumption of Risk and Indemnity Agreement, fully understand its terms, understand that I have given up substantial rights by signing it, am aware of its legal consequences, and have signed it freely and voluntarily without any inducement.
- I hereby certify that I am the parent or guardian with legal responsibility for this child.

Camper's Name: _____

Parent's Name: _____ (Print Name) _____ (Signature) _____ (Date)

The quad riding activity is an extra program activity which is scheduled in units of 2 periods. The charge for quad riding is \$15.00 per period. All campers are eligible to participate in the quad riding program subject to a control test. This test will determine the camper's ability to manage the quad and comprehend its operation. If after evaluating the camper, the quad riding instructor(s) feels confident that the camper can control the quad, the camper will be scheduled the activity in accordance with the periods requested on this form. If the camper is evaluated as being unable to control the quad, all quad riding program fees will be refunded.

It's best to schedule your quad riding periods BEFORE you arrive in camp. Authorization forms and requests for additional extra program activity periods received AFTER the start of camp will take at least 7 days to schedule, assuming space still exists.

I request that my child be scheduled the quad riding activity for the periods I have indicated below.

- 2 Periods (\$30) 8 Periods (\$120)
- 4 Periods (\$60) 10 Periods (\$150)
- 6 Periods (\$90) _____ Periods _____

Camper's Name: _____

Session Enrolled: _____

Payment Enclosed: _____

Please note that payment must accompany this reservation form with a parent's signature.

Please return this form with payment to:
 Camp Lohikan Winter Office, Attn: EPA Forms
 P.O. Box 189, Gladstone, NJ 07934

After June 10th please mail this form to the campsite at: Camp Lohikan,
 343 Wallerville Road, Lake Como, PA 18437