



**FREE
SESSION
OF QUAD
RIDING!**

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:

1. 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.
2. 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.
3. 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.
4. 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.
5. 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.
6. 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.
7. 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.
8. I hereby certify that I am the parent or guardian with legal responsibility for this child.

This is Camp Lohikan's **FREE QUAD RIDING 2024 REGISTRATION FORM**. First-time campers are extended a special offer to try a **FREE PERIOD** of quad riding! All you need to do is complete this form and **submit it with your enrollment application when you register for camp**.

Forms submitted after registration cannot be honored.

All campers are eligible to participate in the quad riding program subject to an evaluation of the camper's ability to understand the operation of the quad, ability to steer and brake the quad and the camper's ability to take direction. Campers who pass the evaluation test will receive instruction and a period of quad riding at **NO CHARGE**. Campers who do not pass the evaluation test will not be scheduled quad riding. There is no refund of any tuition or credit applied if this is the case.

In order to schedule the camper for quad riding the Quad Program Release Form (reproduced on right) must be signed by a parent.

*Please schedule my child for the **FREE** quad riding period described above.*

Camper's Name: _____

2024 Session Enrolled: _____

A parent must sign the Quad Activity Release Form before a camper can be scheduled the activity. The Release Form is printed on the right..

Please return this form with the enrollment application:
Camp Lohikan Winter Office
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

Camper's Name: _____

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