



## Participant Information and Liability Form

### ***Disclosure***

Quinipet Camp & Retreat Center offers a variety of enriching programs to school group retreats. These programs may include but are not limited to orienteering, low ropes courses, team building, beach ecology, rock climbing, and ground initiatives. Quinipet is dedicated to providing safe and engaging activities that challenge students to try new things, explore the outdoors, and work in teams. The level of participation in these programs is at all times the individual's choice. Yet there is a risk, which must be assumed by each participant that they may suffer an emotional or physical injury or disability. Policy for participation in all Quinipet Programming requires that every participant have health/accident insurance coverage. In addition, certain health/medical information must be made known to the instructor(s) conducting programs, so that they are prepared to respond appropriately if the need arises. This information will be held in confidence. Please complete the form and return it to Quinipet before participating in any activities. To learn more about the specific activities being performed at each retreat please contact the Retreat Group Leader and/or School administration.

### ***Participant Information***

Date(s) of Program: \_\_\_/\_\_\_/\_\_\_

Participant Name \_\_\_\_\_

Parent/Guardian Name (If participant is under 18 years old) \_\_\_\_\_

Street Address \_\_\_\_\_ Apt # \_\_\_\_\_ Telephone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Does your child have health or accident insurance? \_\_\_ Yes \_\_\_ No

Name of Insurance Provider \_\_\_\_\_

Policy or Medicaid Number \_\_\_\_\_

Do you have any limiting physical disabilities/handicaps(temporary or permanent)? \_\_\_ Yes \_\_\_ No  
(If yes, identify and explain) \_\_\_\_\_

Are you currently taking medication (prescribed or otherwise)? \_\_\_ Yes \_\_\_ No

(If yes, state what you are taking and what condition it is for) \_\_\_\_\_

If you have any allergies, reactions to medications, any other medical limitations? \_\_\_ Yes \_\_\_ No  
(If yes, please identify and explain) \_\_\_\_\_

### ***Release of Liability***

I understand that part of the camping experience involves activities and group interactions that may be new to my child, and that they come with uncertainties beyond what my child may be used to dealing with at home. These activities include but are not limited to rock climbing, hiking, fishing, boating, above ground ropes courses, animal interaction programs, some of which may take place off campus and require travel. Risks include but are not limited to falling, uneven terrain, collisions, being struck by wayward objects, wildlife encounters, insect borne and communicable diseases, any of which could result in injuries such as bruises, sprains, lacerations, fractures, concussions, paralysis up to and including death.

I, \_\_\_\_\_, am aware of these risks, and I am assuming them on behalf of

\_\_\_\_\_. I realize that no environment is risk-free, and so I have instructed my child on the importance of abiding by the camp's rules, and my child and I both agree that they are familiar with these rules and will obey them.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_/\_\_\_/\_\_\_  
Date