



# OMK

# HIGH ADVENTURE CAMP



## OMK High Adventure Camp

50 youth from across Georgia with a family member in the Active, Reserve, or Guard component will gather at Wahsega 4-H Center for a fun-filled week of camp. The overall theme for the week will be an introduction to Georgia 4-H and learning skills to better communicate the issues of military life, all encompassed around a week of high adventure activities such as: Whitewater Rafting, Camping, Spelunking, Zip Line, and Climbing Wall.

This camp is open to military youth ages 12 through 15 and the cost for the week of camp is \$15.00.



# SUMMER CAMP

### What is it?

A week of camp from **July 19 - 23, 2011**. The campers will take part in an action packed program that includes high-ropes, whitewater rafting, camping, spelunking, zip line, climbing wall and enjoying time with new friends.

### Where?

**Wahsega 4-H Center**, nestled in the north Georgia mountains near the city of Dahlonega. Find us online at [www.wahsega4h.org](http://www.wahsega4h.org).

### For who?

For military youth ages **12 to 15** who must be a dependent of a military member in the **Active, Reserve, or Guard component**. This program is open to all service branches.

### Cost?

**\$15.00** due prior to the start of camp.

### FOR INFORMATION OR TO SIGN UP CONTACT:

**Marcus Eason**  
OMK Program Coordinator  
302 Hoke Smith Annex  
The University of Georgia  
Athens, GA 30602  
(706) 542-4444  
[oper4h@uga.edu](mailto:oper4h@uga.edu)  
OR

Your local  
**County Extension Office**

<http://www.georgia4h.org/omk>



THE UNIVERSITY OF GEORGIA  
**COOPERATIVE EXTENSION**  
Colleges of Agricultural and Environmental Sciences & Family and Consumer Sciences



**OMK HIGH ADVENTURE CAMP – WAHSEGA 4-H CENTER**  
 July 19–23, 2011 at Wahsega 4-H Center, Dahlonega, Georgia  
**CAMPER APPLICATION FORM**



**DUE DATE** – Applications are due by **July 1<sup>st</sup>, 2011**. Space is limited and will be filled on a first come, first served basis.

**ADDRESS** – Complete this form and send it with your application fee to: Marcus Eason, State 4-H Office, 302 Hoke Smith Annex, The University of Georgia, Athens, GA 30602

**REGISTRATION FEE** – A non-refundable fee of **\$15.00** is required to reserve your spot. Make checks payable to the Georgia 4-H Foundation. Please include your registration fee with the application. The fee is used to cover camp shirts and other items throughout the week that are not covered by Operation Military Kids.

**TRANSPORTATION** – Transportation of campers to and from Wahsega 4-H Center, Dahlonega, Georgia is the responsibility of the camper's parent or guardian.

**GEORGIA 4-H PARTICIPANT FORMS** – Copies of the *Georgia 4-H Code of Conduct* form and the *Georgia 4-H Medical Information & Release* form must be read and understood by both the applicant and a parent. Complete and sign the forms and then include them with this application.

**QUESTIONS** – If you have questions concerning the application, please send an email to [oper4h@uga.edu](mailto:oper4h@uga.edu) or call the State 4-H Office at 706-542-4444.

**ACCEPTANCE** – Upon acceptance, a letter with camp information will be emailed to the email address provided. A legible email address is required for correspondence.

**REFUNDS** – The application fee will be refunded if the camp fills before we receive your application.

**SECTION 1. YOUTH APPLICANT INFORMATION**

**Name (Please Print)**

First: \_\_\_\_\_ Last: \_\_\_\_\_ Middle initial: \_\_\_\_\_

Enter the name the applicant prefers to go by for name tag: \_\_\_\_\_

**Confirmation of eligibility**

*To be eligible, the applicant must be 12-15 years of age. They must be 12 years old by July 19, 2011 due to liability purposes. All applicants must be a dependent of a military member in the Active, Reserve, or Guard component.*

Applicant's date of birth  
(Month/Day/Year): \_\_\_\_\_

Family member's service information:

- | <u>Service Branch</u>                | <u>Component</u>                        | <u>Deployment Status</u>                    |
|--------------------------------------|---|---|
| <input type="checkbox"/> Air Force   | <input type="checkbox"/> Active Duty    | <input type="checkbox"/> Currently deployed |
| <input type="checkbox"/> Army        | <input type="checkbox"/> National Guard | <input type="checkbox"/> Recently returned  |
| <input type="checkbox"/> Coast Guard | <input type="checkbox"/> Reserves       | <input type="checkbox"/> Deployment pending |
| <input type="checkbox"/> Navy        |   |   |
| <input type="checkbox"/> Marines     |   |   |

**Gender**    Male    Female

*This camp is provided at minimal cost through funding from The Office of the Secretary of Defense and through Operation Military Kids.*

**Additional information needed**

*Under "Dietary restrictions," list all observed, if any, including vegetarian diet or food allergies. To describe complex allergies or ask questions, contact Wahsega 4-H Center at 706-864-2050.*

Dietary restrictions: \_\_\_\_\_

Physical disabilities that we need to accommodate: \_\_\_\_\_

Any other Special Needs: \_\_\_\_\_

Describe unique stresses associated with deployment that your family has experienced: \_\_\_\_\_

**T-shirt size:**       Small       Medium       Large       XL       XXL

**Cabin Mate Request**

*You may recommend two other applicants of the same gender. For this request to be considered, at least one other applicant must also list this applicant.*

First: \_\_\_\_\_ Second: \_\_\_\_\_

**SECTION 2. PARENT/GAURDIAN INFORMATION**

**Parent/Guardian 1 – Identification and contact information**

*Enter the name of a parent who will be available to be contacted about this application form.*

Relationship to applicant: \_\_\_\_\_ Title/Salutation: \_\_\_\_\_

First name: \_\_\_\_\_ Middle initial: \_\_\_\_\_ Last: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Home phone: \_\_\_\_\_

Work/Other phone: \_\_\_\_\_

**Email address:** \_\_\_\_\_

Unit or civilian employer: \_\_\_\_\_

Rank/Grade or job title: \_\_\_\_\_

**Parent/Guardian 2 – Identification**

Relationship to applicant: \_\_\_\_\_ Title/Salutation: \_\_\_\_\_

First name: \_\_\_\_\_ Middle initial: \_\_\_\_\_ Last: \_\_\_\_\_

Unit or civilian employer: \_\_\_\_\_

Rank/Grade or job title: \_\_\_\_\_

**SECTION 3. SIGNATURES**

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's signature: \_\_\_\_\_ Date: \_\_\_\_\_

County Extension

Staff signature

(optional): \_\_\_\_\_ Date: \_\_\_\_\_



4-H'ers Name: \_\_\_\_\_ County: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

**BEHAVIOR STANDARDS**

All rules and regulations governing 4-H program activities and events will be discussed with agents, leaders, and 4-H'ers. The Georgia 4-H Code of Conduct is valid for one year and applies to all activities coordinated through 4-H including local, county, district, state and national activities.

- 4-H'ers are expected to attend all sessions as part of a planned program exhibiting positive character and behavior including (but not limited to) trustworthiness, responsibility, respectfulness, caring, citizenship and fairness.
- 4-H'ers are expected to be responsive to the reasonable requests of the leaders and respectful of the needs for their personal safety and the safety of others.
- 4-H'ers should dress appropriately, use appropriate language and respect the rights of others.
- 4-H'ers may not use alcohol, drugs, or tobacco, nor be associated with or remain in the presences of others using the substances.
- 4-H'ers may not behave recklessly, engage in sexual misconduct, assault, threaten or harm another person nor may they misuse or abuse public or private property.
- 4-H'ers may have access to computers at UGA/CES offices and facilities. Computer use is for educational purposes. 4-H'ers may not access in appropriate websites.
- Realizing these guidelines are not "all inclusive" the University of Georgia Extension Staff reserves the right to make adjustments to these policies

**CONSEQUENCES OF MISBEHAVIOR**

4-H'ers and adults who observe a breach in the Code of Conduct should report the misbehavior to the appropriate leader. 4-H'ers misbehaving will have the opportunity to explain their actions to leaders in charge of the activity and may request a review board. The person coordinating the event may also convene a review board for the purposes of determining what has occurred and what disciplinary action should be taken. A review board will consist of one Extension faculty or staff member, two volunteers and three 4-H members. The Extension faculty member coordinating the event will serve as chairperson. Disciplinary action should only be discussed with those involved, their parents/guardians and their Extension leaders.

If the 4-H'er is found in violation of the actions listed below and receives disciplinary action issued through the review process, his/her parents/guardians will be notified, the 4-H'er may be sent home at the parents' expense and may be suspended from participation of 4-H events for a period of no more than 6 months

- Breaking curfew or disturbing the peace
- Unexcused absences from the activities of an event
- Unauthorized use of vehicles during the event
- Reckless behavior
- Use of foul or offensive language
- Possession or use of tobacco
- Breach of the 4-H Code of Ethics
- Remaining in the presence of those using alcohol, illegal drugs or tobacco

If the accused is found in violation of the items below, his/her parents/guardians will be notified, the 4-H'er may be sent home at the parents' expense and suspended from participation of 4-H events for a period of no more than 12 months.

- Possession or use of illegal drugs or alcoholic beverages
- Theft, misuse or abuse of public or personal property
- Sexual misconduct
- Possession of weapons or fireworks
- Unauthorized absence from the premise of the event
- Assault or personal harm

In extraordinary cases, the 4-H review board may recommend suspense exceeding those listed above.

If a 4-H'er wishes to appeal the decision of the review board, the 4-H'er must appeal in writing through the County Extension office. Appeals must be filed within 10 days of notification of the disciplinary action. The appeal is sent to the Program Development Coordinator of the 4-H member and the State 4-H Leader. If the district and state 4-H staff can not resolve the matter, an appeal board will meet within 30 days of the 4-H'ers request. The appeal board will consist of one Extension worker, two volunteers and three 4-H members.

Following any disciplinary action, the person coordinating the activity must provide written notification concerning the action to the 4-H'ers parent/guardian, the county Extension faculty and the 4-H Program Development Coordinator.

**PARENT/GUARDIAN & 4-H'er AGREEMENTS** Release Waiver of Liability and Covenant Not to Sue

I have read the Georgia 4-H Code of Conduct and agree to participate fully in all aspects of program activities. I understand the standard of behavior and agree to maintain such during 4-H programming.

\_\_\_\_\_  
4-H'ers Signature

\_\_\_\_\_  
Date

I have reviewed the Code of Conduct and agree to all of its provisions. For the sole consideration of the Cooperative Extension Service's arranging for participation in 4-H programming, I hereby release and forever discharge The University of Georgia, the Board of Regents of the University System of Georgia, their members individually, and their officers, agents and employees from any and all claims, demands, rights and causes of action of whatever kind that I may have, either on my own behalf or in my capacity as a legal representative of my child, arising from or in any way connected with my child's participation in 4-H. I further covenant and agree that for the consideration stated above I will not sue the Institution, the Board of Regents of the University System of Georgia, its members individually, its officers, agents or employees for any claim for damages arising or growing out of my child's participating in the program. I understand that the acceptance of this Release, Waiver of Liability, and Covenant not to Sue the Board of Regents of the University System of Georgia shall not constitute a waiver, in whole or part, of sovereign immunity by said Board, its members, officers, agents, and employees. I certify that my child is participating in 4-H with my knowledge and consent. I have read and understand all of the above policies. I also give permission for photographs, videos, or audio tape of my child to be used for promotional and educational purposes by 4-H and the University of Georgia. I realize that these images may appear in print media as well as the Internet.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone



# Georgia 4-H Medical Information & Release

Event or Activity \_\_\_\_\_ Date of Event/Activity \_\_\_\_\_

## 4-H'ers Information

Name \_\_\_\_\_

Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_ Gender \_\_\_\_\_

## Parent/Guardian Information

Name \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Please list the names of two adults other than parent/guardian who may be contacted in case of emergency.**

Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

## Medical Information

Name of Physician \_\_\_\_\_ Phone \_\_\_\_\_

Date of Last Physical Examination \_\_\_\_\_ Drug Allergies \_\_\_\_\_

Other Allergies \_\_\_\_\_

Describe any physical limitations \_\_\_\_\_

Describe any recent illness or injury \_\_\_\_\_

Is there a history of heart condition \_\_\_\_\_ diabetes \_\_\_\_\_ asthma \_\_\_\_\_ epilepsy \_\_\_\_\_ rheumatic fever \_\_\_\_\_

### PARENT/GUARDIAN AGREEMENT:

I understand that should a health problem arise, I will be notified but that if I can not be reached by telephone, such medical treatment, including surgery, as deemed necessary by competent medical personnel could be rendered; that such necessary information may be released for insurance purposes and that I understand the limitation of the coverage as indicated below. Furthermore, I am aware that participation in this event includes risk including, but not limited to, transportation to/from event, sports and recreational games, ropes courses, water activities, hiking, as well as risks that are not foreseeable. For the sole consideration of the Cooperative Extension Service's arranging for participation in 4-H programming, I hereby release and forever discharge The University of Georgia, the Board of Regents of the University System of Georgia, their members individually, and their officers, agents and employees from any and all claims, demands, rights and causes of action of whatever kind that I may have, either on my own behalf or in my capacity as a legal representative of my child, arising from or in any way connected with my child's participation in 4-H. I further covenant and agree that for the consideration stated above I will not sue the Institution, the Board of Regents of the University System of Georgia, its members individually, its officers, agents or employees for any claim for damages arising or growing out my child's participating in the program. I understand that the acceptance of this Release, Waiver of Liability, and Convent not to Sue the Board of Regents of the University System of Georgia shall not constitute a waiver, in whole or part, of sovereign immunity by said Board, its members, officers, agents, and employees. I certify that my child is participating in 4-H with my knowledge and consent. I have read and understand all of the above policies

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

\_\_\_\_\_  
Date

<p><b>INSURANCE COVERAGE INFORMATION</b> (to be completed by County Extension personnel) Insurance for the event/activity has been purchased as indicated. For complete details of coverage, please contact the county Extension Office.</p> <p><input type="checkbox"/> Insurance for Summer Camp at Georgia 4-H Centers</p> <p><input type="checkbox"/> American Income Life Insurance (Plan 3)</p> <p><input type="checkbox"/> American Income Life Insurance (Dollar a Year Plan)</p> <p><input type="checkbox"/> Other Insurance Plan _____</p>
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**PLEASE COMPLETE BOTH SIDES**

# Over the Counter & Prescription Medication Summary

4-H'ers Name \_\_\_\_\_ County \_\_\_\_\_

Please list any/all medication currently being taken by the 4-H club member including prescription and over the counter medications. Additionally, parent/guardian should list any over the counter medication that may be given to the 4-H'er in case of illness. 4-H personnel may not administer over the counter or prescription medication without parental/guardian approval unless prescribed by medical personnel. 4-H'ers are expected to provide all medication(s) listed and administer the medication. If health facilities and/or personnel are available at the facility, a request may be made prior to the event to have medication administered by trained personnel. Additional copies of this page may be made as necessary.

Name of Medication:

What illness/condition is medication being taken for:

Describe dosage and special instructions:

Is medication self administered?

Dates for administration:

\_\_\_\_\_

Name of Medication:

What illness/condition is medication being taken for:

Describe dosage and special instructions:

Is medication self administered?

Dates for administration:

\_\_\_\_\_

Name of Medication:

What illness/condition is medication being taken for:

Describe dosage and special instructions:

Is medication self administered?

Dates for administration:

\_\_\_\_\_

I am the parent/guardian of \_\_\_\_\_ and give permission for the medications listed to be administered to my child as directed.

\_\_\_\_\_  
Parent's signature

\_\_\_\_\_  
Date

**PLEASE COMPLETE BOTH SIDES**

VOLUNTARY RELEASE, WAVIER AND COVENANT  
NOT TO SUE AND LIABILITY INDEMNITY AGREEMENT

To: Raccoon Mountain Caverns & Campground, LLC., Raccoon Mtn. Wild Cave Adventure, Raccoon Mtn. Wild Cave Tours, and Raccoon Mtn. Crystal Palace Tours (all hereinafter referred to as "Releases")

I (We), the undersigned person(s) (the "Releaser"), as parent(s) or guardian(s) of the Minor stated below ("Minor") request and am granted permission to allow said Minor to enter Raccoon Mtn. Caverns to participate in the Raccoon Mtn. Wild Cave Adventure, Raccoon Mtn. Wild Cave Tours, or Raccoon Mtn. Crystal Palace Tour (any or all collectively called "Premises" or "permissive Entry"). Releaser represents that he / she is the parent(s) or guardian(s) of Minor pursuant to Tennessee or other applicable law or order of a court of competent jurisdiction. Where applicable herein, the use of the singular pronoun shall include, by definition, reference to both parents or guardians of the Minor.

In consideration of "Permissive Entry" to the Raccoon Mountain Caverns which includes but is not limited to the caverns, ladders, climbing ropes, steps, adjacent walkways, concessions, and other appurtenances, which is the area to which admission to the general public is prohibited unless accompanied by a guide approved or employed by Raccoon Mountain Caverns, Wild Cave Adventure, Wild Cave Tours or Crystal Palace Tour, I, the undersigned, for Minor, his/her personal representatives, heirs, spouse, successors and assigns, DO HEREBY:

1. RELEASE, DISCHARGE, ACQUIT AND FOREVER COVENANT NOT TO SUE the Releasees and / or any other person or entity with interest in the Premises, and each of their officers, directors, shareholders, members, agents, managers, and employees from any and all claims, demands, actions, executions, judgments, or liability, present or future, which I and/or Minor may have against Releasees or any other person or participant for any foreseen or unforeseen bodily and personal injuries to Minor and/or property damage and the consequences arising from, or to arise from, any accident, casualty, or event occurring from any cause whatsoever during Minor's activities or presence in the Premises, including but not limited to any act of negligence, any failure to act, or any act of strict liability of Releasees, or any other person or participant, or from the condition of the Premises. I hereby covenant to hold Releasees harmless and indemnify Releasees from any claim, demand, action, execution, judgment, liability, or expense, present or future, which Releasees may incur that may hereafter arise out of Minor's activities or presence in the Premises, whether caused by Releasees or otherwise.

2. UNDERSTAND that Minor's entry into or onto the Premises contains DANGER AND RISKS, that conditions of the Premises change from time to time and may become more hazardous. I APPRECIATE AND VOLUNTARILY ELECT TO ACCEPT AND ASSUME ON BEHALF OF MINOR ALL DANGER AND RISKS connected with Minor's entry into the Premises.

3. ACKNOWLEDGE that I am aware of the safety regulations, as well as safety rules, that may be explained to me by my cave guide, have conveyed these to Minor, and that I will comply with each and every rule and regulation. I ASSUME ALL RISK for Minor and assume all liability to others for failure of Minor to comply with the safety rules and regulations. I agree to be responsible for any and all costs and expenses including, but not limited to, medical expenses, resulting from injury to Minor. I am not an agent, servant or employee of the Releasees and no oral representation or inducements have been made to me to sign this document. No wavier of any provision of this release has been made to me and I understand and agree that none would be effective.

4. AGREE that this document shall be effective as of the date of my signature below and at any other date or time thereafter when Minor may participate in said activities on the Premises. I understand that it is not the purpose or intent of the Releasees to teach safety rules; that Releasees are not serving as the guardian of Minor's safety at the Premises; and that this VOLUNTARY RELEASE, WAVIER, COVENANT NOT TO SUE AND INDEMNITY AGREEMENT is intended to be as broad and as inclusive as permitted by

the laws of the State of Tennessee. If any portion of this document is held invalid, I agree that the balance shall, notwithstanding the partial invalidity, continue in full force and effect. On Minor's behalf, I further release Releasees from any and all damage or claim whatsoever on account of first aid, treatment, or service rendered Minor, (or which Releasees fail to render to Minor) while on the Premises or elsewhere, arising from any event, incident, injury, or accident sustained on such Premises or elsewhere.

5. I affirm that I am of lawful age and legally competent to sign this document on behalf of Minor, that I understand that the terms of this document are contractual and not a mere recital, that I have signed this document as my own free act and deed, and that this document is binding upon my heirs, successors and assigns. This document shall be construed according to the laws of the State of Tennessee."

I HAVE READ THIS DOCUMENT, I UNDERSTAND IT IS A RELEASE OF ALL CLAIMS FOR MINOR. I UNDERSTAND I ASSUME ON BEHALF OF MINOR ALL RISK INHERENT. I VOLUNTARILY SIGN MY NAME EVIDENCING MY ACCEPTANCE OF THE ABOVE PROVISIONS ON MINOR'S BEHALF.

MINOR: AGE: \_\_\_\_\_ Parent or Guardian: \_\_\_\_\_ Parent or Guardian: \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Print Name: \_\_\_\_\_ Print Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_



**PARTICIPANT RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT**  
**\*\*\*\* READ BEFORE SIGNING \*\*\*\***

Organization Name \_\_\_\_\_ Georgia Operation Military Kids \_\_\_\_\_  
 Participant Name \_\_\_\_\_

WHEREAS, I fully understand and acknowledge that outdoor recreational activities has: (a) inherent risks, dangers and hazards and such exists in my use of Raft 1 Co. equipment and my participation in outdoor related activities; (b) my participation in such activities and/or use of such equipment may result in injury or illness including, but not limited to, bodily injury, disease, strains, fractures, partial and/or total paralysis, death or other ailments that could cause serious disability; (c) that these risks and dangers may be caused by the negligence of the owners, employees, officers or agents of Raft 1 Co.; the negligence of the participants, the negligence of others, accidents, breaches of contract, the forces of nature or other causes. Risks and dangers may arise from foreseeable or unforeseen causes including, but not limited to, guide decision making, including that a guide may misjudge terrain, weather, trail or river route location, and water level, risks of falling out of or drowning while in a raft, canoe or a kayak and such other risks, hazards and dangers that are integral to recreational activities that take place in a wilderness, outdoor or recreational environment; and (d) by my participation in these activities and for use of the equipment, I hereby assume all risks and dangers and all responsibility for my losses and/or damages, whether caused in whole or in part by the negligence or other conduct of the owners, agents, officers, or employees of Raft 1 Co. or by any other person.

In consideration of being allowed to participate in any way in the program, related events and activities, I, the undersigned, acknowledge, appreciate and agree that:

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death.
2. **I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS**, both known and unknown, **EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES** or others, and assume full responsibility for my participation.
3. I willingly agree to comply with terms and conditions for participation. If I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately.
4. By participating in or attending any activity in connection with this program, whether on or off the premises, I consent to the use of any photographs, pictures, file or videotape taken of me or provided by me for publicity, promotion, television, websites or any other use, and expressly waive any right of privacy, compensation, copyright or other ownership right connected to same.
5. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, **HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS** The Raft 1 Co., its officers, officials, agents and/or employees, other participants, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event (RELEASEES), from any and all claims, demands, losses, and liability arising out of or related to any **INJURY, DISABILITY OR DEATH** I may suffer, or loss or damage to person or property, **WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE**, to the fullest extent permitted by law.
6. The parties agree that the laws of the State of Tennessee shall apply to any dispute that may arise out of this Agreement. The venue of any dispute that may arise out of this Agreement or otherwise between the parties to which Raft 1 Co. or its agents is a party, shall be in the Hamilton County Court for the State of Tennessee.

**I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.**

X \_\_\_\_\_  
 Participant's Signature \_\_\_\_\_ Age \_\_\_\_\_ Date \_\_\_\_\_  
 Address: \_\_\_\_\_ Zip \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_  
 Emergency Telephone Number \_\_\_\_\_ Email: \_\_\_\_\_

**FOR PARENTS/GUARDIANS OF PARTICIPANT OF MINOR AGE (UNDER AGE 18 AT TIME OF REGISTRATION).**  
 This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liability incidents to my minor child's involvement or participation in these programs as provided above. **EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES**, to the fullest extent permitted by law.

X \_\_\_\_\_  
 Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_ Print Your Name \_\_\_\_\_  
 \_\_\_\_\_  
 Emergency Phone Numbers \_\_\_\_\_ Email \_\_\_\_\_  
 Address \_\_\_\_\_ Zip \_\_\_\_\_  
 State \_\_\_\_\_ City \_\_\_\_\_