

Camp Shamineau, Shamineau Ranch and Shamineau Adventures
Adult with Guest Group Release Form

Individuals Covered by this release:

First Name: _____ Last Name: _____

Acknowledgement of Risk, Medical and Media Release

We have chosen to attend the Shamineau Ministries programs in part because of the activities they offer. I understand and acknowledge that participation in the activities offered by Shamineau Ministries (including but not limited to rock climbing, hiking, snow-shoeing, cross-country skiing, high and low ropes course elements, riflery, horseback riding, mountain boarding, swimming, the blob, skateboarding and roller blading, or artificial indoor climbing wall entails both known and unanticipated risks of harm which could result in physical or emotional injury, paralysis, death, or damage to the participant, to property, or to third parties. I understand and acknowledge that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity. I further understand and acknowledge that the risk of harm inherent in these activities may be increased by factors beyond the control of Shamineau Ministries, including but not limited to the weather and elements, equipment manufacturer's malfunction and a participant's fitness and abilities. I hereby authorize the Shamineau Ministries staff to secure medical treatment for myself if necessary. I further authorize the camp to use photos or videos taken of myself at camp for Shamineau Ministries promotional purposes. At no time will camp photos be used by unrelated organizations.

Signature (if adult) or Parent/guardian if under 18 Phone # Date

Camp Shamineau, Shamineau Ranch and Shamineau Adventures
Family, Parent-Child Release Form

Individuals Covered by this release:

First Name: _____ Last Name: _____
First Name: _____ Last Name: _____
First Name: _____ Last Name: _____
First Name: _____ Last Name: _____
First Name: _____ Last Name: _____
First Name: _____ Last Name: _____

Acknowledgement of Risk, Medical and Media Release

We have chosen to attend the Shamineau Ministries programs in part because of the activities they offer. I understand and acknowledge that participation in the activities offered by Shamineau Ministries (including but not limited to rock climbing, hiking, snow-shoeing, cross-country skiing, high and low ropes course elements, riflery, horseback riding, mountain boarding, swimming, the blob, skateboarding and roller blading, climbing the ice tower, or artificial indoor climbing wall) entails both known and unanticipated risks of harm which could result in physical or emotional injury, paralysis, death, or damage to the participant, to property, or to third parties. I understand and acknowledge that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity. I further understand and acknowledge that the risk of harm inherent in these activities may be increased by factors beyond the control of Shamineau Ministries, including but not limited to the weather and elements, equipment manufacturer's malfunction and a participant's fitness and abilities. I hereby authorize the Shamineau Ministries staff to secure medical treatment for myself or my family if necessary. I further authorize the camp to use photos or videos taken of myself or my family members at camp for Shamineau Ministries promotional purposes. At no time will camp photos be used by unrelated organizations.

Signature of Self (if adult), Parent or Guardian Phone # Date