

SANDY COVE MINISTRIES ACTIVITIES WAIVER FORM

Name of person signing form: _____

Room/cabin/campsite number: _____ Dates at Sandy Cove: _____

Cell phone: _____ Home phone: _____

I am signing this form on behalf of the following people, all of whom are members of my immediate family or under my legal care (my “family members”). I have authority to sign this form for all of my family members.

<u>Name</u>	<u>Age</u> ¹	Activities that are authorized:					
		<u>All</u>	<u>Marina</u>	<u>Rock Wall</u> ²	<u>Trapeze</u> ²	<u>Zip Line</u> ³	<u>Big Swing</u> ³
_____	___	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	___	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	___	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	___	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	___	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	___	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

¹ “A” for adults; age in years for children under 18.

² You must be at least 10 years old to climb the rock wall or participate in trapeze.

³ You must be at least 12 years old to ride the zip line or big swing.

- I give permission for my family members to take part in the checked activities during our stay at Sandy Cove. If I checked “all,” it includes marina, rock wall, trapeze, zip line and big swing.
- My family members and I all understand that these activities can be dangerous. People can be injured or even killed through human error, equipment failure, or for no known reason.
- I accept all responsibility for any harm that any of my family members may suffer through our participation in these activities. We waive all claims for liability against Sandy Cove or anyone connected with Sandy Cove. We will not seek compensation for injury or death.
- I agree that all of my family members will follow the rules posted at each activity site, and will completely follow any instructions given by Sandy Cove staff and activity supervisors.
- My family members are physically and mentally fit for these activities. I authorize, and agree to pay for, any emergency medical care that my family members may need.
- **I have read this form carefully. I understand that by signing it I am giving up all claims of any kind for loss or injury in connection with the authorized recreational activities. I am doing this in exchange for my family’s privilege of taking part in these activities.**

Signed: _____

Date: _____