

**LUTHERAN VALLY RETREAT (LVR)
TEAM INITIATIVES PROGRAM (T.I.P.)
PARTICIPANT RISK INFORMATION AND WAIVER**

Please do not participate in this program if you believe it to be PERFECTLY safe. **IT IS NOT, NOTHING IS!** While your facilitators are skilled and experienced, they are unable to guarantee total protection from all risks. You **MUST** pay close attention to and follow safety guidelines, take responsibility for avoiding or minimizing risks, and develop a questioning attitude.

This program takes place outdoors. T.I.P. will involve activities outside. It is highly likely that you may get scraped or cut during your activity. By paying close attention to the facilitators' safety instructions throughout your experience you should be able to avoid any major injuries. Outdoor settings present some inherent danger which may result in accidents. You should be aware of what you are committing yourself to in this program. If in doubt, please ASK! LVR is 45 minutes from professional medical assistance and in 15 minutes Flight For Life can arrive from Colorado Springs.

With each activity, there are many associated dangers (hazards). These dangers may include, but are not limited to, sharp rocks, temperature extremes, adverse weather, lightning, equipment malfunctions and human misjudgment.

Certain safety procedures are taken to provide some protection against risks. These procedures may include, but are not limited to: using safety equipment such as ropes and helmets, teaching of spotting techniques, providing opportunity for participants to make known medical information (recent operations, pregnancy, weak/damaged lower backs, etc.) allowing participants to ultimately have the choice in their challenge, facilitator spots, ability of group to decide to modify how members participate (within the metaphor boundaries) in an element and/or abort an attempt.

Nonetheless, ACCIDENTS ARE ALWAYS POSSIBLE! Participants must realize that potential accidents may include, but may not be limited to cuts, bruises, scrapes, strained muscles, broken bones, back injuries, and death. Participants must also do everything possible to help reduce the potential for accidents. Accidents occur when human and environmental dangers combine at the same time. Any participant in a T.I.P. program such as this has the fundamental responsibility to act in a safe and alert manner to prevent the combination of dangers and thus avoid accidents.

I understand that the Team Initiatives Program sponsored by Lutheran Valley Retreat, Inc. is:

Name of Event: 2010 Kansas District Senior High Summer Camp

Date of Event: July 5-9, 2010

To Include: Low Element Challenges High Element Challenges Climbing and Repelling on Natural Rocks

I hereby consent to participation of me or my child in the above-described LVR-T.I.P. program. I have read the above information and understand the risks involved in the planned activities.

I understand that I have a duty to provide primary accident and medical insurance for myself (or for my child) and I declare that I am (or my child) covered by accident and medical insurance.

I RELEASE AND FOREVER DISCHARGE LUTHERAN VALLEY RETREAT (LVR) AND THE LUTHERAN CHURCH-MISSOURI SYNOD (SYNOD), THEIR AGENTS AND SERVANTS, SUCCESSORS AND ASSIGNS, DIRECTORS, TRUSTEES, OFFICERS EMPLOYEES AND OTHER REPRESENTATIVES FROM ANY AND ALL DAMAGES AND CAUSES OF ACTION EITHER AT LAW OR IN EQUITY THAT I MAY HAVE AS RESULT OF MY (OR MY CHILD'S) PARTICIPATION IN, ATTENDANCE AT, AND TRAVEL TO AND FROM THE TEAM INITIATIVES PROGRAM. FURTHERMORE, I DO HEREBY EXPRESSLY STIPULATE, AND AGREE TO INDEMNIFY AND FOREVER HOLD HARMLESS LVR AND SYNOD, ITS AGENTS AND SERVANTS, SUCCESSORS AND ASSIGNS, DIRECTORS, TRUSTEES, OFFICERS, EMPLOYEES AND OTHER REPRESENTATIVES AGAINST LOSS FROM ANY AND ALL PRESENT OR FUTURE CLAIMS, DEMANDS OR ACTIONS IN LAW OR IN EQUITY THAT MAY HEREAFTER BE MADE OR BROUGHT BY ME OR MY CHILD, BY ANYONE ON BEHALF OF ME OR MY CHILD, OR BY ANYONE ELSE ON THEIR OWN BEHALF FOR DAMAGES OR OTHER LEGAL OR EQUITABLE REMEDY ON ACCOUNT OF ANY INJURY, ILLNESS, PHYSICAL CONDITION, INCONVENIENCE OR LOSS SUSTAINED BY ME OR MY CHILD DURING THE TEAM INITIATIVES PROGRAM OR TO AND FROM THE SAME.

I, the undersigned, hereby acknowledge that I have read the foregoing, understand its contents, and have signed the same as my own free act and deed.

SIGNATURE OF PARTICIPANT (IF 18 & OLDER) OR PARENTING/GUARDIAN OF CHILD PARTICIPANT (IF UNDER 18)

Signature

Date

Witness

Youth's Name _____