

## **<u>Glen Eyrie Hiking and Activities Permit</u> <u>Release of Liability and Authorization of Medical Care</u>**

This document includes a Release of Liability and Authorization of Medical Care. By signing below, you are agreeing to release The Navigators and other parties related to it from liability. You are advised to read this document carefully before signing it.

By signing below, the participant (or the participant's parent(s)/guardian(s)) agree(s) with the following provisions:

- 1. **General Information:** Glen Eyrie Conference Center and other surrounding premises of The Navigators are private property; hiking and sports activities are by permit only. We require that you stay on marked trails and return before dark. Rock climbing or scrambling, campfires and overnight camping are not permitted on Glen Eyrie/Navigator property. Please respect the wildlife. Pets must be on a leash at all times. Restrooms are located in the Castle lobby and at Camp Creek picnic area. Lodges are reserved for conferences and overnight guests only.
- 2. Assumption of Risk and Acknowledgement of Understanding: I understand and agree that my participation, or the participation of my child/ward, for whom I am legally responsible, in Navigator-sponsored activities and the transportation to and from the activities is a voluntary activity entered into for the purpose of personal development and recreation. I recognize that participating in the described event and related transportation involves risk of an accident and serious injury (including death) to me or my child/ward. Possible activities include, but are not limited to: hiking, rappelling, horseback riding, volleyball, tennis, challenge course, soccer, and touch football and other athletic, recreational or leisure activities. I also understand that rock climbing and scrambling are prohibited on Glen Eyrie/Navigator property. I expressly assume all risks of my, or my child's/ward's, participation in the event, whether those risks are known or unknown to me. I acknowledge that these risks may include, without limitation, risk of personal injury due to weather, equipment, wild animals, terrain, vehicles, and other participants.
- 3. **Release and Indemnification:** In consideration for the privilege of participating in Navigator-sponsored activities, I hereby release and agree to indemnify and hold harmless, for myself, my heirs, family and estate, executors, administrators, assigns, and personal representatives, The Navigators, members of its board of directors, and its officers, employees, members, volunteers, contractors, agents and representatives (the "Released Parties") from, and do discharge and waive, any and all claims, demands, losses, damages, and liabilities against the Released Parties with respect to any and all property damage, personal injury, and/or death arising from my participation, or the participation of my child/ward, in Navigator-sponsored activities.
- 4. Authorization of Medical Care: In the event I, or my child/ward, is in need of any necessary medical or surgical treatment to protect my, or my child's/ward's, health and welfare while participating in Navigator-sponsored activities, I hereby authorize and agree to allow any authorized agent or employee of The Navigators to consent to and authorize the administering of such necessary medical and/or surgical treatment. I acknowledge and agree that the release of liability, hold harmless and indemnification provisions set forth above shall apply to any authorization and consent to medical or surgical treatment made on my behalf by The Navigators or its authorized agents or employees. I understand and agree to be personally responsible for all costs of medical treatment and services (including emergency services) and other expenses thereby incurred.
- 5. **Permission of Use for Promotional Purposes:** In consideration for my participation in the activity, I give permission to The Navigators to use my, or my child's/ward's, name, likeness, voice, and biographical information as it relates to the event to publicize or promote The Navigators' ministry worldwide in photographs, video recordings, sound recordings, and any other medium that now exits or may exist in the future.
- 6. **Miscellaneous:** In the event that any provision of this Release is determined to be invalid for any reason, such invalidity shall not affect the validity of any of the other provisions, which other provisions shall remain in full force and effect as if this Release had been executed with the invalid provision eliminated. I understand and agree that in some states the scope and effect of this Release may be limited by law. By signing below, I agree that this Release is intended to be as broad and inclusive as permitted under applicable law.

{Continued on reverse side}

- 7. I have read and understand the **policies and guidelines defined on the "Hiking Trails Map"** and I hereby agree to indemnify and hold harmless The Navigators from any and all claims, which might arise out of my, or my child's/ward's, hiking through Glen Eyrie property.
- 8. I have carefully read this release in its entirety, understand it, and sign it voluntarily. I attest that I am over eighteen (18) years of age and am not a minor in my state of residence or, if I am a minor in such state, that my parent(s)/guardian(s) have signed this form in the "consent" section at the bottom of this page.

Signature of Participant	Printed Name	Date
Signature of Participating Spouse	Printed Name	Date
Home Address:		
City/State/Zip:		
Emergency Contact		
Home Phone ()	Street Address:	
Work Phone ()	City/State/Zip:	

## PARENTAL CONSENT

I represent that I am the parent/legal guardian of:

Minor's Name	Date of Birth	Minor's Name	Date of Birth
Minor's Name	Date of Birth	, Minor's Name	Date of Birth

who is/are under the age of eighteen (18) or otherwise a minor in his or her State of residence. In consideration for allowing the participation of my child/ward in Navigator-sponsored activities, I hereby agree to be bound by the terms of the above Release, Hold Harmless and Authorization of Medical Care.

Signature:	Signature:
Date:	Date:
Printed Name:	Printed Name:

## IF ONLY ONE PARENT/GUARDIAN SIGNS THIS FORM, THE FOLLOWING MUST ALSO BE SIGNED:

I hereby certify that this Release was signed by only one parent/guardian because (i) I am the sole parent/guardian responsible for the care and upbringing of the child/ward due to death or other incapacity of the other parent or because of a court order; **or** (ii) I have made a good faith effort to obtain the signature from the second parent/guardian but have not been able to do so due to reasons beyond my control.

Signature:

Date: