AGREEMENT TO PARTICIPATE
ASSUMPTION OF RISK AND RELEASE

Group Name: _____

T Bar M and the Challenge Course Programs requires all participants to sign this release form in order to be eligible to participate in programmed activities.

The undersigned acknowledges that during the program certain risks and dangers may occur. These include but are not limited to the hazards of depending on other people, being at various heights (ground to 35') and the forces of nature. The undersigned further recognizes that these risks may also include physical or psychological damage and/or injury not excluding fatality due to accidents that may occur resulting from the challenge course experience or other type of activities. While participating, the undersigned agrees to abide by all of the policies and procedures set before them in order to maintain the utmost level of safety.

In consideration of the above, I (the undersigned) have and do hereby assume all the above risks which are not specifically foreseeable, and will hold T Bar M Inc., the Center for Christian Growth Inc., it's owners, directors, employees, and/or associates, harmless from any and all liability, actions, causes or actions, claims and demands of every kind and nature whatsoever, whether for bodily injury, property damage or loss or otherwise, which I now have or which may arise from or in connection with my participation in this program. In short, I, along with my family or heirs, cannot sue T Bar M Inc., the Center for Christian Growth Inc., its owners, directors, employees, and/or associates. I also state that I am not under, and will not be under the influence of any chemical substance including alcohol. I fully understand that my participation in this program is entirely voluntary.

I understand that while participating in normal camp activities my child may be photographed/videotaped and that these photos/video footage may be used for promotional purposes.

In the event of any emergency, I hereby give permission to the physician selected by _____ to hospitalize, secure proper treatment, and to *(Your Group Leader's Name)* order injection, anesthesia, or surgery.

_____ _____ _____ _____

Participant *Date* *Parent/Guardian* *Date*

(Must sign for participants under 18)