



**Aldersgate Camp & Retreat Center**  
**Adventure Programming Youth Participant**  
**Permission & Waiver**

Name of Participant: \_\_\_\_\_

While the above-named person is at Camp Aldersgate, he/she/they may have the opportunity to take part in one or more of the following activities: Low Ropes, Group Initiatives, Challenge Course, Swimming, Boating, Hiking, and/or Fire Building.

He/she/they may also have the opportunity to participate in higher risk activities, such as High Ropes, Rock Climbing, Rappelling, and/or Spelunking.

By signing this form, you recognize that certain hazards and dangers are inherent in these and other activities at Camp Aldersgate, and you acknowledge that although Camp Aldersgate has taken safety measures to reduce the risk of injury, Aldersgate can neither ensure nor guarantee that participants, equipment, premises, and/or activities will be free of hazards, accidents, and/or injuries.

You agree that the above-named person's participation in these activities is completely voluntary, you have familiarized yourself with the programs and activities, and you give your permission for the above-named person to participate in these activities.

You further release and waive, for yourself and on behalf of the above-named person, any claim against Camp Aldersgate, Methodist Camp Inc., the New England Conference of the United Methodist Church, their respective employees, volunteers, officers, directors, and servants, their respective heirs, executors, administrators, successors, assigns, and agents, from all liability for any illness, damage, or injury to him/her and/or his/her property, and from all claims, demands, rights or causes of action, present or future, whether or not known, anticipated or unanticipated, and resulting from or arising out of, or incident to his/her/their activities at Camp Aldersgate and any related off-site activities.

You further certify that you have the legal authority to enter into this Permission and Waiver on behalf of the above-named person.

\_\_\_\_\_  
Parent /Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name