



NaCoMe Camp and Conference Center

Waiver of Liability

Group/School Name _____

Name _____ Age _____ Birth Date (month/year) _____

(Note: Must be 5^h grade and up)

Address _____ City _____ State _____ Zip _____

Parents/Guardian's Names _____

Home phone _____ Work phone _____ Date _____

I understand that at NaCoMe Camp and Conference Center, I am expected to follow all the rules as presented by the Challenge Program Facilitator, NaCoMe Counselors and N.E.E.D Staff including, but not limited to: listening and following safety instructions, running is not allowed, no negative comments to other participants, respect for adults in charge and other participants, and positive encouragement given to other participants. I fully realize that participation in ALL NaCoMe activities including adventure/ challenge courses involves psychologically and physically challenging situations and that my participation in the same could result in injuries including but not limited to: sprains, cuts, rope burns and/or abrasions or more serious injury. I acknowledge that NaCoMe Camp and Conference Center will/has inform/ed me of all required safety regulations and that my failure to follow the regulations and instructions may result in serious injury.

I understand that a physician should be consulted before participation in these activities if my I have one of the following conditions: is pregnant, has back conditions, high blood pressure or a heart condition. I understand that an inhaler for exercised induced asthma, an Epi-pen for severe allergies or any other medication needed for a chronic medical condition should be brought with me to the challenge courses and activities. I acknowledge that my participation in the activities means I accept the dangers that are open, obvious and necessary to these activities. I agree to hold NaCoMe Camp and Conference Center and the Presbyteries of Middle Tennessee and Mid South, their sponsors, agents, representatives, board members, employees, contractors and suppliers harmless for any damages which I might sustain and suffer in connection with my participation in the courses, programs, and activities at NaCoMe Camp and Conference Center. NaCoMe Camp and Conference Center has my permission to secure emergency care for me if necessary. I accept full responsibility for the cost of any treatment for any injury suffered while participating in any activities. I understand that any photographs taken of me participating in the activities or programs may be used for publicity.

Medical Statement

I recognize that climbing can be a strenuous endeavor requiring me to be in good physical condition. I am listing below those conditions I have that could restrict my participation in the Adventure/Challenge or other programs and activities at NaCoMe Camp and Conference Center. _____

Medications I am currently taking: _____

I further certify to the best of my knowledge, I attest that I have disclosed all information that could restrict my participation in this activity.

PARTICIPANT'S SIGNATURE

DATE

PARENT/GUARDIAN SIGNATURE IF PARTICIPANT IS UNDER 18 YEARS OF AGE

DATE

WITNESS 1

DATE

WITNESS 2

DATE