

# Trekker Consent Form

Participant Name: \_\_\_\_\_ Age: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Week attending Camp: \_\_\_\_\_ County: \_\_\_\_\_

**Please read over carefully with your child. Both participant & Parent/Guardian signatures are needed.**

**This form is only to be filled out if the participant is in the Trekker group.** This program is available for children ages 12-14. The participant must be at least 12 yrs of age by the time their camp week begins.

**Completion of this form does NOT guarantee a spot in the Trekker group – you must register online.**

**What is a Trekker?** Trekkers learn canoeing skills on Lake Hazel at Penn and rock climbing skills on our climbing wall, high ropes course, and zip line. The group then leaves camp and participates in a river tubing experience, lead by the Madison Mayodan Recreation Commission, and then rock climbs at Pilot Mtn. State Park. The group camps one night at Pilot Mt. State Park. Trekkers must spend most of their time preparing and learning specialized skills for the trip. Therefore, the Trekker group will not be involved in the normal camp activity rotation such as archery, crafts, etc. Understand that the safety of all participants is first priority and the Center reserves the right to cancel trips in the event of inclement weather or unforeseen circumstances. We provide all campers specialized equipment needed to camp out, canoe, raft, climb, explore the beautiful ecosystem, and negotiate the ropes course and zip line.

The group is under the supervision of trained and experienced instructors at a staff to participant ratio of 1:6. Off site travel for the Trekker group will be provided using passenger vans. Participants should be able to hike moderately strenuous trails, be able to climb, and have at least a basic level of swimming ability.

## Acknowledgment and Authorization to Participate

I understand and acknowledge the requirements of the Trekkers program, including that Trekkers are taken off-site for a period of two days and one night, and participate in adventure-based activities like rock climbing, rafting, hiking, and camping. I understand and acknowledge that such activities may be mentally, physically, and/or emotionally challenging. I understand and acknowledge that these activities have inherent dangers and physical risks and that the inherent dangers and physical risks involved in these activities are such that no amount of care, caution, instruction, or expertise can completely eliminate them. These dangers and risks include, but are not limited to, loss of or damage to personal property, strains, sprains, bruises, heat exhaustion, and other personal injuries, or even death, that could result from tripping, falling, drowning, contact with other individuals, exposure to contagious viruses (including but not limited to COVID-19), equipment failure, allergic reactions to food, flora, or insects, inclement weather, and vehicle accidents while traveling to and from activity sites, among other causes. I assume responsibility for all risks, known and unknown, involving Participant's participation in the aforementioned activities, and I voluntarily authorize Participant's participation in reliance upon my own judgment and knowledge of Participant's experience and capabilities. I further understand and acknowledge that the Liability Waiver, Assumption of the Risk, Photo & Media Release, and Indemnification Youth Agreement applies to Participant's participation in the Trekkers program.

Participant signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

- ▶ **Please complete this form and return it to: Summer Camp Director, Betsy-Jeff Penn 4-H Center, 804 Cedar Lane, Reidsville NC 27320. For questions, call 336-349-9445.**

Office Use Only:

Date received: \_\_\_\_\_ Accepted: \_\_\_\_\_

**READ CAREFULLY- WAIVER AND RELEASE OF LIABILITY**

In consideration of Madison Mayodan Recreation Commission, trading as Madison Mayodan Recreation, furnishing services and/or equipment to enable me to participate in tubing, or other recreational activities I agree as follows: I fully understand that there are risks, hazards and dangers associated with the services and activities provided by Madison Mayodan Recreation Commission. These risks include the uncertainties of the river or of the weather, hazards in the river, collisions while traveling by vehicle or on the river, altercations with other people on the river, including altercations with other participants in the same activity, and with the uncertainty of conditions in and outdoor environment. I understand that the description of these risks is not complete and that other unknown or unanticipated risks may result in injury or death. I AM VOLUNTARILY PARTICIPATING IN THESE ACTIVITES AND AM USING THE SERVICES OF MADISON MAYODAN RECREATION COMMISSION WITH FULL KNOWLEDGE OF THE RISKS INVOLVED AND I ACCEPT AND ASSUME ALL RISK OF THE ACTIVITES AND SERVICES WHETHER OR NOT DESCRIBED ABOVE, KNOWN OR UNKNOWN, FORESEEABLE OR UNFORESEEN. I UNDERSTAND THAT THESE RISKS MAY INCLUDE LOSS OF PROPERTY OR INJURY TO PERSON OR DEATH. I agree for myself and for all minors for whom am parent or guardian for my heirs, successors and assigns, that I release Madison Mayodan Recreation Commission, it's commissioners and employees from any and all claims, damages, and injuries, including all injuries to person or to property, arising directly or indirectly out of the activities or services provided by Madison Mayodan Recreation Commission. This release and the following indemnification includes any claims arising, in whole or in part from negligent acts or omissions of the Madison Mayodan Recreation Commission, it's commissioners or employees. I agree for myself and for all minors for whom I am parent or guardian, for my heirs successors and assigns, that I shall defend, indemnify and hold harmless Madison Mayodan Recreation Commission, it's commissioners and employees from all losses, claims, expenses and demand, including attorney fees, that may be incurred by Madison Mayodan Recreation Commission, it's Commissioners and employees, that are related, directly or indirectly , to my, or any minor for whom I am parent or guardian, use or participation in the services or activities provided by Madison Mayodan Recreation Commission.

**I HAVE CAREFULLY READ, CLEARLY UNDERSTAND AND VOLUNTARILY SIGN THIS PARTICIPATION, RELEASE AND INDEMNIFICATION AGREEMENT. I INTEND BY SIGNING THIS AGREEMENT TO INDUCE MADISON MAYODAN RECREATION COMMISSION TO PROVIDE SERVICES AND ACTIVITIES.**

---

Signature \_\_\_\_\_ Date \_\_\_\_\_

---

Print Name \_\_\_\_\_

---

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

---

Staff Member \_\_\_\_\_

---

Staff Signature \_\_\_\_\_