



CAMP TYLER
 FOUNDATION
the nature of discovery

P.O. Box 1916
 Whitehouse, TX 75791
 903.565.4475
 903.565.4490 fax
 www.campt Tyler.org

Permission Form
Assumption of Risk and Release

Name of Participant: _____ Group Name: _____
 Date of Participation: _____ Group Leader: _____
 Leader Cell Phone Number: _____ Number of Participants: _____

I (adult) or my parents/ guardian (youth), (please circle one) have been informed and made aware that during my stay at Camp Tyler Foundation, also known as Camp Tyler, certain risks and dangers may occur. These include, but are not limited to, the hazards that arise from being in a wilderness area, team and individual sports, the forces of nature, my participation in water activities of all kinds, as well as other such activities, including horseback riding, arranged for me by my organization and/or my group leader. We are informed and aware of these risks and dangers, and we assume them. By signing this form I also give authorization for photos to be taken and used for promotion of Camp Tyler services and programs.

In consideration of Camp Tyler Foundation providing the facilities and my willingness to have Participant engage in the above-described and other various activities, I agree to indemnify, and do hereby release and hold Camp Tyler Foundation, also known as Camp Tyler, its officers, directors, trustees, agents, employees and/or volunteers harmless from any and all claims, liabilities, suits, actions, causes, damages or losses and demands of every kind and nature whatsoever, including without limitation, all costs and attorneys fees, which I have or which may arise from physical or emotional injury, including fatality, together with any damage to Participant's property or possessions, from or in connection with Participant's stay or participation in activities at Camp Tyler which have been arranged or made available to Participant. I have the authority to grant this release on behalf of Participant. The terms hereby shall serve as a release and assumption of risk for Participant, the person executing this document on behalf of Participant, their heirs, executors, administrators and for all members of their family. In case of accident or illness, the cost of medical care is the financial responsibility of the ill or injured person or parent or legal guardian. I hereby authorize the calling of a doctor or the providing of other necessary medical services should an emergency arise as determined by my organization director or other leader.

Authorization to Participate and Agreement with the Terms of this Form:

Signature of Participant (if adult): _____ *Date* _____

Signature of Parent or Legal Guardian (if child):

Telephone: Home _____ *Work* _____ *Cell* _____ *or* _____

Emergency Name and Phone Number in the event the above cannot be reached:

Name: _____

Telephone: _____

Preferred hospital: _____

Our mission is to provide children with premier outdoor learning opportunities.