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## CANDLELIGHT RANCH LIABILITY RELEASE

**DISCLOSURE:** Candlelight Ranch (CLR) programs involve a variety of activities that often include warm-ups, games, group initiative problems, high and low ropes course elements, and other rigorous physical adventure activities. (The level of participation in a program activity is at all times completely up to the individual's choice.) Yet there is a risk, which must be assumed by each participant that he/she may suffer an emotional or physical injury, disability or death.

Certain health/medical information must be made known to the instructor(s) conducting programs, so that they are prepared to respond appropriately if the need arises. This information will be held in confidence. Please complete this form and return it to CLR prior to participating in any activities.

**PARTICIPANT INFORMATION:**

1. Name \_\_\_\_\_  
Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_  
Birth date \_\_\_\_\_ Gender \_\_\_\_\_
2. Parent/Guardian Name \_\_\_\_\_ Phone \_\_\_\_\_  
Person to contact in case of emergency \_\_\_\_\_ Relationship to participant \_\_\_\_\_  
Best Emergency Contact Phone: \_\_\_\_\_
3. Does the participant have any limiting physical or mental disabilities or medical restrictions (temporary or permanent) that could present a hazard to yourself or others during the duration of this program? \_\_\_ Yes \_\_\_ No  
If yes, identify and explain: \_\_\_\_\_  
\_\_\_\_\_
4. Does the participant have any allergies, reactions to medications, any other medical limitations? \_\_\_ Yes \_\_\_ No  
If yes, identify and explain: \_\_\_\_\_

**RELEASE OF LIABILITY:** I understand that parts of the CLR program may be physically or emotionally demanding. I affirm that my health is good, and that I am not under a physician's care for any undisclosed condition that bears upon my fitness to participate in CLR activities. I understand that each participant must assume the risk of physical injury that could result from any of these activities. I release CLR, and its staff members, from all liability for any injury to me from participation in CLR activities. I understand that these terms shall serve as a release of liability for my heirs, executors, administrators and for all members of my family. I have carefully read this Disclosure and Release of Liability and fully understand its content.

Please Initial Here: \_\_\_\_\_

**PHOTO/MEDIA RELEASE:** I grant to CLR, and persons acting for or through them, the right to use, reproduce, assign, and/or distribute photographs, films, videotapes, and sound recordings of myself for use in materials they may create.

Please Initial Here: \_\_\_\_\_

**PARENTAL WAIVER OF CLAIMS:** Participant must be of legal age (18 years), or their parent(s) or legal guardian(s) must complete the following:

I/we \_\_\_\_\_ (parents' or guardians' name(s)) give permission for the participant's name above to participate in the CLR program and associated field trip(s). Should my/our child become injured, I/we request that the trip leader(s) secure emergency medical services to aid my/our child, if in their judgment such services are necessary. I/we agree to incur any additional expenses associated with such action. As parents/guardians, I/we have decided (with or without medical advice) that my/our child is physically, mentally, and socially able to participate, and I/we acknowledge that any medical or accident insurance we consider necessary will be my/our responsibility to locate and purchase. Furthermore, I/we have read all sections of this form and do hereby release CLR and its employees from liability for any damages, injuries, or losses, which may occur while, said child is participating in this CLR program.

Date \_\_\_\_\_

Signature \_\_\_\_\_  
Parent/Guardian Signature (if Participant is under 18)