

Central Minnesota Council, Scouting America Release, Hold Harmless And Waiver of Liability Agreement, Medical and Media Release

Central Minnesota Council, Scouting America, a Minnesota non-profit corporation, (hereinafter referred to as CMCSA) operates the Parker Scout Reservation on North Long Lake, located at 21930 Paradise Drive Nisswa, MN 56468 as part of its charitable function.

I have chosen to allow myself/my child/my family members to attend the Parker Scout Reservation in part because of camp rental and/or the camp activities they offer. I understand and acknowledge that participation in the everyday camp activities offered by Parker Scout Reservation (including but not limited to hiking, camping, riflery, water sports and activities) entails risks both known and unknown, regardless of negligence which could result in serious physical or emotional injury, paralysis, and/or death, or damage to the participant, to property, or to third parties.

I understand and acknowledge that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity. I further understand and acknowledge that the risk of harm inherent in these activities at Parker Scout Reservation may be increased by factors beyond the control of CMCSA, including but not limited to the weather and elements, equipment manufacturer's malfunction and a participant's fitness and abilities. I hereby release and discharge, indemnify, hold harmless, assume liability for to the fullest extent permitted by law, and defend CMCSA, its officers, directors, employees, servants, chartered affiliates, agents, volunteers and assigns from any and all liability, claims, demands, costs and expenses, and causes of action whatsoever arising out of or in any way connected with any property loss and/or bodily injury including death and/or disability arising from myself/my child/my family members' participation in Parker Scout Reservation activities and/or from renting and holding your own activities. I hereby authorize the Parker Scout Reservation staff and volunteers to secure medical treatment for myself/my child/my family members if necessary. I am aware that photos/videos may be taken of myself/my child/my family members at camp and I further authorize the camp to use these for promotional purposes.

I have read this release of liability and assumption of risk agreement fully, understand its terms, understand that I have given up substantial rights by signing it and sign it freely and voluntarily without any inducement. It is also my responsibility to report any personal physical conditions that could impact participation by myself or family members, and also report any unsafe conditions that I may encounter to a responsible party.

Signature (if adult) or Parent/Guardian if under 18yrs. old

Date

Property and Period to be used: _____

Printed Name

Organization: _____

Individual(s) covered by this release:

Last Name: _____ First Name: _____

Address: _____ City: _____

State: _____ Zip: _____ Phone: _____

Email: _____

List all other Family Members Covered by this release: (Please Print)

