

2024 Ripples Wilderness Program, Crested Butte, Colorado PO 472 Gunnison, CO, 81230 Run by Beau Garcia (203-809-7476)

Summer Camp Accident Waiver and Release of Liability Form I hereby give my permission for my child _____ to participate in the 2024 Ripples Wilderness Program. I understand that camp activities could include play and outdoor activities around and near the Crested Butte / Gunnison Valley, hikes and walks in the woods wherein there could be mosquitos, bees, ticks, poison ivy, and slippery and jagged surfaces among other dangers, and risks. I also understand that my child may travel by school bus and/or metro to local sites and walk along downtown streets and in public and private museums and historical sites. I also understand that outdoor activities may occur in the hot sun and in the rain. I agree to see that my child is appropriately attired for camp activities and to provide insect repellent and sunscreen for my child to use at camp. I will not expect the main mentors to always provide these items. I give my permission for Ripples Wilderness camp leaders to apply or assist with the application of the repellent and sunscreen I provide. In the event of illness, injury, and/or accident, I authorize the Ripples Wilderness instructors to act on my behalf. They are Wilderness First Responder certified and trained to respond appropriately to an emergency. They may approve any non-emergency or emergency treatment and are authorized to sign any medical release or required form(s) on my behalf. In the event of an emergency, I understand that I will be notified of the situation as soon as practicable. I agree to pay any necessary expenses not covered by Ripples Wilderness' student accident policy incurred in the medical treatment of my child, including, but not limited to all transportation costs to and from a medical facility, and, if necessary, transportation to my home or medical facility of choice. I understand that the Ripples Wilderness instructors and employees may, in their sole discretion, dismiss any camp participant for inappropriate, disrespectful, or dangerous behavior at any time. In this event, I understand that I will not receive a refund of camp fees for unattended days. If my child breaks or damages any property as a result of their direct or indirect behavior, I hereby agree to pay for its repair or replacement. I understand that the risks associated with camp activities could result in injury and/or death to my child. I hereby assume these risks and, knowing them, hereby give my child permission to participate. I understand that the Ripples Wilderness Program is not liable for any injuries or other occurrences due to indoor and outdoor camp activities or related risks, and/or the actions or omissions of Ripples Wilderness camp counselors, volunteers, employees, trustees, directors, officers, or any other entities being released. I acknowledge that this Accident Waiver and Release of Liability Form will be used by the event holders, sponsors, and organizers of the activity in which my child may participate and that it will govern the actions and responsibilities at said activity. In consideration of my application and permitting my child to participate in this activity, I hereby: WAIVE, RELEASE, AND DISCHARGE from any liability, including but not limited to, liability arising from the negligence or fault of the Ripples Wilderness Program, its trustees, officers, employees, camp counselors, volunteers, entities, or other persons released, for my child's death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to them including their traveling to and from this activity; INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE Ripples Wilderness Program, its trustees, officers, employees, volunteers, or other entities or persons released from any and all liabilities or claims made as a result of participation in this activity, whether caused by the negligence of release or otherwise. I understand that while participating in this activity, my child WILL be photographed and filmed. I agree to allow their photo, video, or film likeness to be used for any legitimate purpose by the activity holders, producers, sponsors, organizers, and assigns, appropriately and respectfully. The Accident Waiver and Release of Liability Form shall be

construed broadly to provide a release and waiver to the maximum extent permissible under applicable law. The Ripples Wilderness Program, its Trustees, directors, officers, and all its employees acting officially or otherwise are hereby released from any and all claims, demands, actions, or causes of action on account of any injury to my child that may occur. This release binds my heirs, executors, administrators, and/or assigns. **I CERTIFY THAT I HAVE READ THIS DOCUMENT, FULLY UNDERSTAND ITS CONTENT, AND AGREE TO ITS TERMS.**

Participant's Printed Name (Please print legibly) Age _____

Parent/Guardian Printed Name (Please print legibly) Parent/Guardian's Signature Date (If under 18 years old, Parent or Guardian must also sign)

A note regarding COVID... Ripples Wilderness will not be held responsible if your child contracts COVID during this summer session... all safety measures and standards will be enforced and practiced to ensure the safety of all participating. If your child is sick before camp, please communicate with us.