



# Spruce Lake Outdoor School

An educational ministry of Spruce Lake Retreat

5389 Route 447, CANADENSIS, PA 18325 PHONE: 570-595-7505 sprucelake.org

## Adult Participant Assumed Risk and Release Form

I (name) \_\_\_\_\_, agree to participate in Spruce Lake Outdoor School activities, except as noted below by me. I understand that historically, serious injury at Spruce Lake Outdoor School has been extremely rare, and that the Outdoor School staff will continue to make every effort to ensure my safety and well-being. However, I understand there are inherent risks of injury associated with Outdoor School classes and activities in general which, however slight the chances of occurrence, cannot be completely eliminated. These risks include but are not limited to: falls from a height, exposure to severe storms or to weather-related heat or cold, contact with potentially harmful plants or animals, injury from falling objects and injury from collision with other people or objects during games and activities. There is also similar inherent risk of injury during participation in 'adventure' activities such as belayed climbing, challenge course, zip line, and power swing. Furthermore, I recognize that, because Spruce Lake Outdoor School is in a rural location, access to local advanced emergency medical care is limited and emergency response and travel time may seem unduly long relative to urban standards. I also understand that the Spruce Lake Outdoor School staff is limited to providing only emergency first-aid level medical care for me. I hereby acknowledge and accept the risk of injury while I am engaged in Outdoor School activities.

I also agree to be transported in Spruce Lake Outdoor School vehicles for transportation to and from activities. Furthermore, I authorize Spruce Lake Outdoor School to use photographs of me in Outdoor School publicity.

I therefore release and covenant with Spruce Lake Outdoor School that I will never institute any action at law or in equity for any personal injuries, or injuries to property, real or personal, caused by or arising out of activities sponsored by Spruce Lake Outdoor School and its legal representatives.

***(Please indicate below any limitations, conditions, or instructions you wish our Outdoor School staff to be aware of concerning your participation in activities.)***

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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

School Group Name \_\_\_\_\_



## COVID-19 Confirmation and Release

I understand that, based on what is currently known about COVID-19, the spread of the virus is thought to occur mostly from person-to-person via respiratory droplets during close contacts and that my participation with FMCA activities may involve close contact with other persons.

I understand that the following symptoms are representative of COVID-19: fever, cough, chills, chills/shaking, muscle pain, sore throat, headache, loss of taste/smell/ shortness of breath; and confirm that I and those who live with me, have not displayed or currently have any of the symptoms that are representative of COVID-19 which are outlined above, nor been exposed to a person with a confirmed or suspected case of COVID-19, nor diagnosed with COVID-19 and not yet cleared as non-contagious .

\_\_\_\_\_ (Initials)

In consideration for FMCA's provision of the programs I will participate in, I hereby assume the risks regarding COVID-19 and release and forever discharge and hold harmless FMCA, its directors, officers, employees, volunteers, agents, successors and assigns from all claims, liabilities, and demands that may arise out of the camping and other related activities provided by FMCA or its agents, and agree that I will not institute any action at law or in equity regarding COVID-19.

I agree that this Authorization shall apply to activities related to my employment with FMCA and any additional activities that I may participate in for this calendar year.

My signature below indicates that I have read the above Authorization. I understand it and agree to be bound by its terms.

Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_