



# Challenge Course, Climbing, and Bouldering Wall Form

Waiver and Release of Liability, Assumption of the Risk, and Indemnification Agreement  
(All campers at Camp Tapawingo, and Camp Widjiwagan must complete and turn in at check-in)

Waiver and Release of Liability: In consideration of \_\_\_\_\_ (print full name of participant) being permitted to use facilities, equipment and materials and to participate in the Girl Scouts' Challenge Course, the Undersigned, for him/herself, for his/her spouse, and for and on behalf of the participating minor child or ward (collectively and individually referred to as the Undersigned), does hereby release, waive, discharge, and agree not to sue the Girl Scouts of Central Illinois, Inc. (GSCI), its officers, agents, employees, representatives, volunteers, successors, and assigns (collectively and individually referred to as the Released Party), from and/or for any and all liability and any and all claims, including without limitation, those based in tort (strict liability or otherwise), contract, negligence, or any other federal, state, or local law, due to any illness or injury (including without limitation death) and/or property loss arising directly or indirectly from or related to the Challenge Course and Climbing and Bouldering Wall. The Undersigned voluntarily and forever releases and discharges the Released Party from any and all known and unknown claims, actions, and/or liability of any kind including, without limitation, any loss, damage, or injury to person (including death) or property.

\_\_\_\_\_  
Initial of Parent/Guardian #1

\_\_\_\_\_  
Initial of Parent/Guardian #2

\_\_\_\_\_  
Initial of Participant

Assumption of Risk: Participation in the Challenge Course carries certain inherent risks regardless of the care taken to avoid injury. Risks may be affected by variable factors such as the weather, course condition, and conduct of participants. Injury risks range from: 1) minor injuries such as scratches, bruises, bumps, and sprains, to 2) major injuries such as broken or sprained joints, tendons, ligaments, legs, or arms, other limb injury or loss of use, and concussions, to 3) catastrophic injuries such as paralysis and death. The risks have been explained and the Undersigned fully understands the risks. In any event, the Undersigned accepts, assumes, and undertakes all risks after adequate and full inquiry and investigation by the Undersigned. The Undersigned agrees to use sound judgment in undertaking the Challenge Course and Climbing and Bouldering Wall and to follow instructions, whether oral or written. The Undersigned agrees that participation in the Challenge Course and Climbing and Bouldering Wall is voluntary. The Undersigned has read this paragraph carefully in its entirety and knows, understands, accepts, and voluntarily assumes all risks arising out of or relating to participation in the Challenge Course and Climbing and Bouldering Wall.

\_\_\_\_\_  
Initial of Parent/Guardian #1

\_\_\_\_\_  
Initial of Parent/Guardian #2

\_\_\_\_\_  
Initial of Participant

Indemnification and Hold Harmless: The Undersigned also agrees to INDEMNIFY AND HOLD GSCI HARMLESS from any and all claims, actions, suits, procedures, costs, expenses, judgments, damages, settlement, and liabilities (including without limitation, court costs and attorneys' fees) arising out of or related to the Challenge Course and Climbing and Bouldering Wall, and the Undersigned agrees to reimburse GSCI for any and all such expenses.

\_\_\_\_\_  
Initial of Parent/Guardian #1

\_\_\_\_\_  
Initial of Parent/Guardian #2

\_\_\_\_\_  
Initial of Participant

Severability: The Undersigned expressly agrees that this Waiver and Release of Liability, Assumption of Risk, and Indemnification Agreement is intended to be as broad and inclusive as permitted by the law, and if any portion of this Agreement is held invalid, the other portions shall continue to be and remain in full force and effect.

\_\_\_\_\_  
Name of Minor Participant

\_\_\_\_\_  
Parent/Guardian #1 signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian #2 signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State Zip

\_\_\_\_\_  
City State Zip