

# RELEASE OF LIABILITY AND MEDICAL CARE AUTHORIZATION

**THIS IS A RELEASE OF LIABILITY AND AN AUTHORIZATION REGARDING MEDICAL CARE. BY SIGNING BELOW, I AM AGREEING TO RELEASE THE NAVIGATORS AND OTHER PARTIES FROM LIABILITY. I AM ALSO GRANTING PERMISSION TO THE NAVIGATORS TO SEEK AND OBTAIN MEDICAL CARE IN THE EVENT OF MY ILLNESS OR INJURY. I HAVE THEREFORE BEEN ADVISED TO READ THIS DOCUMENT CAREFULLY BEFORE SIGNING IT.**

**Introduction:** I understand and acknowledge that participation in The Navigators' Eagle Lake Camps is a privilege. In consideration for this privilege, I hereby enter into this Release of Liability and Medical Care Authorization (the "Release and Authorization"). I understand that the Release and Authorization applies to all States, Counties, Municipalities, and National/State Parks, Forests, and Coastal Areas where Eagle Lake Camp activities are held by The Navigators.

**Assumption of Risk and Acknowledgement of Understanding:** I understand that during my camp session, I may participate in several activities including, but not limited to, archery, riflery, water activities (swimming, boating, Blobbing, bike jumps, rafting, and kayaking/canoeing), outdoor living skills, ropes courses, rock climbing, rappelling, backpacking, mountain climbing, biking, horseback riding, Zip Line, and other strenuous activities requiring physical exertion. All of these activities may require me to assist and depend on the assistance of other participants in my assigned group. Although not desiring to discourage me from participating, The Navigators intends to make me aware, that participation in these Camps exposes me to certain risks, including, by way of example, the risk of personal injury (including the risk of death), exposure to adverse weather conditions, and that Eagle Lake Camps operate in coastal areas, mountains, and remote wilderness areas in which rescue may take several hours or even days, depending on the weather, terrain, and other circumstances. By signing this Release and Authorization, I expressly assume these risks, whether such risks are known or unknown to me. I give permission to The Navigators to use pictures of me throughout my camping session for brochures, websites, newsletters, and other publications.

**Release and Indemnification:** In consideration for the privilege of participating in the Eagle Lake Camps, I hereby release and hold harmless The Navigators, members of its board of directors, and its officers, employees, members, volunteers, and agents (collectively, the "Released Parties"), from, and to discharge and waive, any and all claims, demands, losses, damages, and liabilities with respect to any and all property damage, personal injury, and/or death arising from my participation in The Navigators' Eagle Lake Camps. The foregoing sentence shall apply (without limitation) to all claims, demands, losses, damages, and liabilities described therein, whether known or unknown, foreseen or unforeseen, future or contingent, except claims, demands, losses, damages, and liabilities arising out of the sole and exclusive gross negligence or willful and wanton misconduct of one or more of the Released Parties. I covenant not to sue any of the Released Parties in connection with any of the claims, demands, losses, damages, and liabilities described above. The covenants and undertakings of this Release and Authorization shall be binding upon me, my family, my heirs, next of kin, legal representatives, beneficiaries, successors and assigns.

**Authorization of Medical Care:** In the event I am in need of any necessary medical or surgical treatment to protect my health and welfare while participating in The Navigators' Eagle Lake Camps, I hereby authorize and agree to allow any authorized agent or employee of The Navigators to consent to and authorize the administering of such necessary medical and/or surgical treatment. I acknowledge and agree that the release of liability, hold harmless and indemnification provisions set forth above shall apply to any authorization and consent to medical or surgical treatment made on my behalf by The Navigators or its authorized agents or employees. I further agree to be personally responsible for all costs of medical treatment and services (including emergency services) as may be authorized by any authorized agent or employee of The Navigators.

**Miscellaneous:** In the event that any provision of this Release is determined to be invalid for any reason, such invalidity shall not affect the validity of any of the other provisions, which other provisions shall remain in full force and effect as if this Release had been executed with the invalid provision eliminated. I understand and agree that this Release is intended to be as broad and inclusive as permitted under applicable law.

**Secondary Insurance:** Eagle Lake Camps provide supplemental medical insurance to you at no additional cost. This secondary insurance will pay for camp-related illness/injury expenses incurred by the camper, while at camp or traveling to/from camp, that are in excess of your personal health insurance. Please note that all expenses must be submitted to your insurance first, then filed with our supplemental insurance provider (a \$25 deductible does apply). Claim forms and contact information will be provided if needed.

**I HAVE CAREFULLY READ THIS RELEASE AND AUTHORIZATION. I ATTEST THAT I AM OVER EIGHTEEN (18) YEARS OF AGE AND AM NOT A MINOR IN MY STATE OF RESIDENCE OR, IF I AM A MINOR IN SUCH STATE, THAT MY PARENTS HAVE SIGNED THIS FORM IN THE "CONSENT" SECTION BELOW.**

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Signature of Participant (if over 18)	Printed Name	Date	Age
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**PARENTAL CONSENT (this portion must only be completed if participant is under 18)**

I represent that I am the parent/legal guardian of:

_____	_____	_____	_____
Camper's Name	Date of Birth	Camper's Name	Date of Birth
_____	_____	_____	_____
Camper's Name	Date of Birth	Camper's Name	Date of Birth

who is/are under the age of eighteen (18) or otherwise a minor in his or her State of residence. In consideration for allowing the participation of my child/ward in The Navigators' Eagle Lake Camps Program, I hereby agree to be bound by the terms of the above Release, Hold Harmless and Authorization of Medical Care.

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

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

Printed Name: \_\_\_\_\_ Printed Name: \_\_\_\_\_

**IF ONLY ONE PARENT/GUARDIAN SIGNS THIS FORM, THE FOLLOWING  
MUST ALSO BE SIGNED:**

I hereby certify that this Release was signed by only one parent/guardian because (i) I am the sole parent/guardian responsible for the care and upbringing of the child/ward due to death or other incapacity of the other parent or because of a court order; **or** (ii) I have made a good faith effort to obtain the signature from the second parent/guardian but have not been able to do so due to reasons beyond my control.

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