Mt Aetna Camp Outdoor & Environmental Education

21905 Mt Aetna Camp, Hagerstown, MD 21742
(301) 824-6045 fax (301) 824-6373
***email*: mtaetnacamp@aol.com**

Applicant Information and Release Form

The Mt Aetna Camp Applicant Information and Release Form MUST be signed with NO additions, deletions or changes, for the participant to take part in the Mt Aetna Camp Challenge Course activities. We want to make sure you understand the risks in Challenge Course activities and have carefully thought through whether you want to participate.

Please Print

Participant's Name: _____ Age: _____
Address: _____ City: _____ Zip: _____
Home Phone: _____

Do you have any health problem or disability that may effect your ability to participate in the Mt Aetna Camp program? If yes, explain:

_____
_____

Please provide the following information in the event of an emergency:
Person to notify: _____ Phone: _____
List allergies, if any: _____
_____

Medication(s) currently taking: _____
_____

Health/Medical Insurance Carrier: _____ Policy #: _____

RELEASE FORM: The Mt Aetna Camp program that you have signed up for involves physically and emotionally demanding activities in an outdoor setting. It includes climbing, jumping and other rigorous activities on natural and man made structures that are on the ground or at low, medium, and high distances from the ground. You will be working with Mt Aetna Camp Instructors and with others in your group. It is possible that you may be injured while participating in the program either because of your own conduct, conduct of others in your group, conduct of Mt Aetna Camp, or the condition of the premises. It is required that you read the following very carefully, make sure you understand it and sign it before you begin participating in the program.

I am fully aware that the Mt Aetna Camp program that I am choosing to participate in includes rigorous physical activities. I am also aware that there are risks of physical injury or harm from participating in the Mt Aetna Camp program. I voluntarily elect to participate in the program and to assume the risks of injury or harm that could result from participation in the program and to assume the risks of injury or harm that could result from participation. On my own behalf, and on behalf of my personal representatives and heirs, I hereby release Mt Aetna Camp, its officers, employees, consultants, agents, and directors from all liability for any injury or harm to me from participating in the Mt Aetna Camp program. Whether the injury or harm is caused by the negligence of Mt Aetna Camp or otherwise. I have read and understand this release of liability. I voluntarily sign it. I hereby give permission for Mt Aetna Camp to administer basic first aid or to seek appropriate medical assistance for the participant listed above. I give permission for Mt Aetna Camp to use audio and visual images/recordings for promotional purposes.

_____ _____
Participant Signature (all participants must sign) Date

_____ _____
Parent/Guardian Signature if participant is younger than 18 Date