



Stronghold Camp & Retreat Center S.T.R.E.A.M. Program

Assumption of Risk and Waiver of All Liability

I understand that a physician should be consulted before participation in the Stronghold Science, Technology, Recreation, Experiential, Arts, and Math, Program if my child has one of the following conditions: is pregnant, has a back condition, high blood pressure or a heart condition. I understand that an inhaler for exercise induced asthma, an Epi-pen for severe insect allergies or any other medication needed for chronic medical conditions should be carried at all times during my child's stay at Stronghold and that it is my (the parent) responsibility to provide this medication. I acknowledge that my child's participation in the activities of the STREAM program means I accept the dangers that are open, obvious and necessary to these activities.

I agree to hold Stronghold Camp & Retreat Center and the Presbytery of Blackhawk, its sponsors, agents, representatives, employees, contractors and suppliers harmless for any and all damages which my child might sustain and suffer in connection with my child's participation in the STREAM Program.

Medical Statement

I recognize that some program activities can be a strenuous endeavor requiring my child to be in good physical condition. I am listing below those conditions my child has that could negatively affect my child's participation in the program activities.

1. _____ 2. _____ 3. _____

Allergies and Medications currently taking:

I further certify that to the best of my knowledge, I attest that I have disclosed all information that could negatively affect my child's participation in STREAM program activities and that the information on this form is complete and accurate.

IF PARTICIPANT IS UNDER EIGHTEEN (18) YEARS OF AGE, PARENT SIGNATURE IS REQUIRED.

Participants name

Birthday

Date

Parent or legal guardian signature

Date