

**BISHOP CLAGGETT CENTER  
P.O. BOX 40 BUCKEYSTOWN, MD 21717  
301-874-5147**

**ACTIVITY RELEASE FORM**

**MUST BE COMPLETED TO PARTICIPATE IN CLAGGETT PROGRAMS**

1. During the course of our programs, campers will have the opportunity to participate in various activities that involve unusual risks. For example; campers may participate in a high and/or low ropes course activity with potential for slips and falls which could result in scratches, bruises, sprains, lacerations, fractures, concussions, or even more life threatening injuries. Campers may also participate in canoe & kayak trips, hikes, bike trips, outdoor games, and various other physical activities that present an unusually high risk for injury.
2. I understand that sometimes campers will be transported by Claggett vans or other vehicles to activities off campus certified drivers according to the Claggett safety policies and I authorize my child to participate.
3. I acknowledge that myself/my child's participation in activities while at camp entails known and unanticipated risks, which could result in physical or emotional injury. While particular rules, equipment, and personal discipline may reduce the risk, the possibility of serious injury does exist. I understand that such risks cannot be eliminated without jeopardizing the essential qualities of the activities.
4. On behalf of myself/my minor child, I expressly agree and promise to accept and assume all of the risks existing in these activities. I recognize that my/my child's participation in these activities is purely voluntary and I authorize his or her participation in spite of the risks.
5. I certify that I have adequate insurance to cover treatment of any injury suffered by me/my minor child while participating in adventure activities or else I agree to bear the costs of such injury myself.

By signing below, I hereby voluntarily release the Bishop Claggett Center, it's agents, lessees, owners, officer, volunteers, participants, employees and other persons or entities acting in any capacity on it's behalf from any and all claims, demands, or causes of action that are in any way connected with my/my minor child's participation in adventure activities.

---

**If participant is a minor:**

**PRINT MINOR CHILD'S NAME** \_\_\_\_\_

**AGE:** \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

Print Parent/Guardian Name: \_\_\_\_\_ Date: \_\_\_\_\_

**If participant is over 18 years of age:**

Signature of participant: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_