



Camp Hantesa
1450 Oriole Road, Boone, IA 50036
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Understanding of Risks and Acceptance of Responsibility

Name: _____

Group: _____ Facility Use Dates: _____

This form simply states that each participant is aware of the kind of facilities we provide, as well as the inherent risks of simply being in an outdoor environment. Please read the following statements carefully and INITIAL each. Then date and sign the bottom of this form.

_____ I accept the fact that I am staying at a youth camp with variable weather conditions and potentially hazardous terrain, while the staff members are skilled and experienced, they cannot guarantee my total safety since some risks are beyond their control.

_____ I agree to follow guidelines provided by the staff members, and to act in a safe and responsible manner.

_____ I realize that if I fail to follow the provided policies or act in a manner that is inconsistent with the safety guidelines of the camp, I may be asked to leave the camp grounds without a refund of my fees and at my expense.

_____ I fully comprehend and willingly assume the responsibility and risks of participating in activities at Camp Hantesa.

Permission to Receive First Aid and to Secure Medical Help

I am sufficiently fit to be on site at Camp Hantesa and participate in any programs I partake in. I have been advised to provide my medical history to my group leader who is ultimately responsible for administering first aid. However, should I become ill or injured, I give permission for the facilities staff to render first aid and to seek emergency medical or rescue services, as they see fit and at my cost.

In the case of a minor:

I hereby give my permission should my child become ill or injured, for the facilities staff to render first aid and to seek emergency medical or rescue services, as they see fit and at my cost. In case of emergency, I also give permission to the physician selected by my child’s chaperone or Camp Hantesa staff to hospitalize, secure treatment for and/or to order injection, anesthesia or surgery for my child named above. I understand that, should a medical emergency arise, every effort will be made to contact me before such treatment is given.

Guardian/Participant Signature: _____ Date: _____

Please copy – 1 per participant and bring to camp at time of visit.