

ADVENTURE/EXPERIENTIAL ACTIVITY FORMS

Thank you for your application. Please print this page and complete the section below. A signed form for each camper must be received by Wendo before camper may participate.

Name _____ Age _____ Gender _____ Grade _____

School _____ Parent/Guardian _____ Relationship _____

(Must be completed by each applicant, including sponsors, and sent with application)

I understand and agree that I am assuming for myself and the Participant named below all risk of injury from participating in camp activities. I understand that: (1) injuries while in adventure activities; (2) Experiential activities are physically and mentally intense, injuries while participating in games may occur due to the activity and equipment involved, and while particular protective equipment and personal discipline will minimize the risk, the risk of injury does exist; and (3) other unforeseeable injuries may occur from outdoor activities. I hereby waive, release, and agree not to sue Wendo Retreat, including its affiliates or subsidiaries, and any of their officers, directors, employees, agents, students, successors, or assigns for any damage, injury, cost, or cause of action arising from any participation in these activities.

I voluntarily sign this waiver and release form and agree not to sue with full knowledge of the nature and extent of the risks inherent in the camp program. I further indemnify and save Wendo retreat and its affiliates, employees, and agents harmless from any liability or medical payments resulting from the participant’s participation in this camp or other activities during his or her stay at camp. I further understand that Wendo does not provide medical insurance coverage for the participant, and any medical expense incurred will be paid by me or my insurance. I hereby grant permission for the participant to attend the camp, participate in all the camp activities, and to be treated by a licensed medical professional in the event of any injury, accident or illness, or other situation that may require medical attention. I give permission for the participant’s picture to be used in future publications including publications from Wendo and its affiliate web pages. I understand the enclosed registration fee is non-refundable and non-transferable. Campers that use tobacco, alcohol, or any form of illegal drugs will be dismissed. I acknowledge and certify that I am legally authorized to sign this consent form on behalf of the minor child.

Parent or legal guardian’s signature

(if camper is under 18 years) Relationship to participant

Date

Participant’s signature

Date

Send this signed form to Wendo Retreat, Camp Ministry, P.O. Box 18168-20100, Nakuru County, Kenya

WENDO RETREAT is an Outdoor Centre for Leadership Development. 2

Wendo is a Member of African Christian Camping