

claims, demands, and/or cause of action that I, my estate, heirs, administrators, executors, or assigns may have for any loss, illness, personal injury, death, or property damage arising out of, connected with, or in any manner pertaining to the above named participant's attendance or participation in any program or activity under the direction and/or supervision of Eagle Village, Inc. or my presence in, on, or upon the properties of Eagle Village, Inc. (all of which is hereafter collectively referred to as the "Activities"), whether caused by negligence of the Releasees, accident, deliberate act, omissions, or otherwise. Activities offered by Eagle Village, Inc. in which the above named participant may participate may include but are not limited to the following:

High Ropes Course	Evening Programs – games, hikes, etc.	Rappelling Tower
Dynamic High Adventure Elements	Canoeing	Cross Country Skiing
Rock Climbing Wall	Swimming	Snow Tubing
Cooperatives and Initiatives		

- I fully understand there are potential risks and hazards associated with the Activities and with Eagle Village, Inc., which is a natural area and which includes a body of water, falling/fallen timber, ruts, and holes, recreational and experiential facilities, and local wildlife. I have voluntarily chosen/granted permission to the above named participant to participate in the Activities and/or to be in, on, or upon the property of Eagle Village, Inc., and I voluntarily assume all risks and responsibility for any resulting loss, property damage, illness, personal injury, and/or death, whether caused by negligence of the Releasees, accident, deliberate act, omission, or otherwise. I further agree to make restitution for any damages incurred while the above named participant participates in the Activities and/or is present in, on, or upon the property of Eagle Village, Inc.
- I further hereby agree to indemnify and hold harmless the Releasees from any loss, liability, damage, judgment settlement, or costs, including court costs and attorney fees, that the above named participant may incur due to his/her participation in the Activities or his/her presence in, on, or upon the property of Eagle Village, Inc., whether caused by negligence of the Releasees, accident, deliberate act, omissions, or otherwise.
- I hereby grant permission to Eagle Village, Inc., which is licensed by the State of Michigan, to administer medications and to secure routine non-surgical medical care and emergency medical or surgical treatment for the above named participant while the participant is participating in the Activities and/or while he/she is otherwise on the premises of Eagle Village, Inc. I further understand that Eagle Village, Inc. does not maintain any medical insurance policies covering any circumstance arising from the participant's participation in the Activities or his/her presence in, on, or upon the properties of Eagle Village, Inc. I transfer and assign to any hospital or clinic in which the above named participant is confined or treated all hospitalization and insurance proceeds which may be paid to me/us. I further agree to pay any amount not covered by insurance. If the above named participant is a minor, the participant's group leader or an Eagle Village, Inc. staff member will notify the participant's parent or authorized person should the participant require a physician's attention for illness or injury.
- I hereby grant Eagle Village, Inc. permission to use a photograph or other image or likeness of the above named participant for use in Eagle Village, Inc. approved publicity, including, but not limited to, brochures, newspapers, magazines, radio, and television. If the following box is checked, I do NOT grant permission for the use of the participant's image or likeness in publicity.
- In signing this agreement, I acknowledge and represent that I have read and understood this document, that I sign it voluntarily, and that no oral representations, statements, or inducements have been made. I am at least eighteen years of age and fully competent. I understand that I am giving up substantial rights by signing this document and voluntarily agree to be bound by it.

Signature of Participant, Parent, or Authorized Person:

_____ **Date:** _____

If Parent or Authorized Person, please print name below:

Address if different from the above named participant:

City

State

Zip

Home Telephone: _____

Cell Phone: _____

Work Phone: _____