



Nolan Catholic  
HIGH SCHOOL

## CLASS OF 2023

### CAMP THURMAN

#### CHALLENGE ADVENTURE INFORMED CONSENT

Any and all persons (including minors) participating in a Camp Thurman Challenge Program must sign an informed consent (release of liability) in order to participate.

WHEREAS, the undersigned (the Participant) wishes to be accepted for participation in a CHALLENGE COURSE PROGRAM to be organized and conducted by Camp Thurman (the operating agency). In consideration of Camp Thurman action in allowing the participation in such a program, the undersigned acknowledges that the Challenge Course Program does involve an element of risk that must be assumed by each participant that he or she may experience an emotional or physical injury. The program involves a variety of activities including warm-ups, games, group initiatives, low and high challenge course elements, and other rigorous adventure activities in a wooded outdoor setting. Reasonable measures have been taken to manage the risks, inherent and otherwise, involved in participation on the Challenge Course. The undersigned assumes and understands that there are inherent risks of bodily injury or damage to property that accompany participants participating in the Camp Thurman Challenge Adventure programs.

The undersigned participant hereby releases any and all rights or claims for damages against Camp Thurman, its officers, directors, employees, agents, members, individuals, and all other persons assisting, instructing, facilitating, and conducting these activities from all liability (excluding claims for negligence of Camp Thurman) of any nature for any and all injuries, loss of damage, direct or indirect, suffered by participants at or in any way connected with these activities.

I understand that parts of the Challenge Course Adventure may be physically or emotionally demanding. I affirm that my health is good and that I am not under a physician's care for any undisclosed condition that might endanger my health or that of other participants. I recognize the inherent risks of injury or disability in the Camp Thurman Challenge Course Adventure Program activities. My signature below indicates that I have been informed about the nature of the Challenge Course Program activities and I will participate in only the activities that are within my limitations.

\_\_\_\_\_ My student **will** be attending the picnic at Camp Thurman on Tuesday, May 16, 2023.

\_\_\_\_\_ My student **will not** be attending the picnic at Camp Thurman.

*If your student decides not to attend the picnic closer to the date of the picnic, please call the Project Graduation Coordinator.*

Student Name \_\_\_\_\_

Please print

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian/Conservator Name \_\_\_\_\_

Please print

Parent/Guardian/Conservator Signature \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_