

**Camp Copass**  
**ROPES COURSE & SKEET SHOOTING RELEASE**  
**8200 E. McKinney St., Denton, TX 76205 \* 940-565-0050**  
**Agreement to Participate; Assumption of Risk and Release of Liability**  
**PLEASE READ BEFORE SIGNING**

Whereas, THE UNDERSIGNED, \_\_\_\_\_, (“the PARTICIPANT”) wishes to participate in a ropes course experience organized and conducted by a certified ropes course/skeet shooting facilitator employed by CAMP COPASS of Denton, Texas; and in consideration of CAMP COPASS’s action in allowing the participant to take part in such a program.

The undersigned acknowledges that during the said ropes course experience and/or said skeet shooting experience the participant has requested to participate in, that certain risks and dangers may occur. These include, but are not limited to, travel to and from the CAMP COPASS facilities, the hazards of walking over uneven camp terrain, depending on other people and being at various heights (ground to 50’), accident, and the forces of nature. The undersigned further recognizes that these risks may also include loss or damage to personal property, physical or psychological damage and/or injury not excluding fatality due to accidents which may occur, including accidents resulting from this ropes course experience or other type of activities, whether conducted outdoors or inside an CAMP COPASS facility. I further understand that in participating in the activities I am requesting to participate in, I will be exposed to the effects of high altitude and the elements of nature, including temperature extremes and inclement weather. I further understand that medical treatment is a minimum of ten miles away in the city of Denton, Texas in the event of a medical emergency.

I certify that I am completely healthy (both physically and emotionally) and capable of participating in this ropes course and/or skeet shooting experience. I have listed on the health and registration form any medical condition that CAMP COPASS should be aware of which may hinder my participation in the ropes course experience.

In consideration of, and as part payment for the right to participate in such an experience and the services and food arranged for me by CAMP COPASS, its Supporting Churches, Directors, Officers, Employees, Agents, and/or Associates, I have and do hereby assume all the above risks and any other ordinary risk incidental to the nature of the trip which are not specifically foreseeable, and will hold them harmless from any and all liability, actions, causes of action, debts, claims and demands of every kind and nature whatsoever, whether for bodily injury, property damage or loss or otherwise, which I now have or which may arise from or in connection with my program or participation in any other activities arranged for me by CAMP COPASS, its Supporting Churches, Directors, Officers, Employees, Agents and/or Associates, and their heirs, executors and administrators, successors and assigns and for all members of my family, including any minors accompanying me. In short, I cannot sue CAMP COPASS, and if I do I cannot collect any money. In addition, I will be liable for Attorney and Court fees associated with any litigation against CAMP COPASS. I also state that I am not under, and will not be under the influences of any chemical substance, including alcohol. I fully understand that my physical activity involves risk of injury. I also understand that my participation in this CAMP COPASS program is entirely VOLUNTARY. I enter into this experience and take full responsibility for my decision to participate or not to participate and agree to follow all safety instructions.

**FOR MINORS:** As parent or guardian of \_\_\_\_\_, the undersigned, I hereby state that I have read, I understand, and I willingly grant my permission for \_\_\_\_\_ to participate in the ropes course experience and/or skeet shooting experience at CAMP COPASS of Denton, Texas. I agree to all of the terms stated above in their entirety.

\_\_\_\_\_  
Parent/Guardian Signature (for participants under age 18)

Name of Participant (please print) \_\_\_\_\_

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date