



**MONMOUTH COUNTY PARK SYSTEM**  
**RELEASE AND ASSUMPTION & ACKNOWLEDGEMENT OF RISK FORM**  
**COMPLETION AND RETURN OF THIS FORM IS MANDATORY FOR**  
**PARTICIPATION**

Participant's Name: \_\_\_\_\_

***FOR ALL CAMPS – RELEASE FORM***

**I have enrolled my child/dependent in a program sponsored by the Monmouth County Board of Recreation Commissioners (Board) and in connection with the enrollment, I certify that:**

1. I have read the synopsis of the program and I hereby understand, accept and assume all the risks of my child's/dependent's participation in the program.
2. To the best of my knowledge, my child/dependent is physically able to participate in the program and I know of no physical condition and/or disability, which would prevent his/her participation in the program.
3. My child/dependent will abide by the decisions of the program leader with regard to all aspects of the activities within the program.
4. To the best of my knowledge, my child/dependent has all of the necessary qualifications to perform all activities in the program.
5. I hereby agree to hold harmless and release the Board, its employees, its agents, and the County of Monmouth from all claims I or my child/dependent may have including the institution of a lawsuit against the County of Monmouth, County Board of Recreation Commissioners, its employees and its agents, for injuries or losses sustained by me or my child/dependent as the result of participation in the program.
6. I hereby give permission for the use, without fee, of my child's/dependent's name and picture in any broadcast, telecast, or print media account of this program for promotional and publicity purposes.
7. ON OCCASION, MEDICAL EMERGENCIES MAY ARISE WHICH REQUIRES THE MEDICAL SERVICES OF ATTENDING PHYSICIANS, OTHER MEDICAL SERVICES, AND/OR HOSPITAL SERVICES WITHOUT RECEIVING THE PATIENT'S CONSENT TO SAID SERVICES BEING PROVIDED TO MY CHILD/DEPENDENT.
8. I hereby certify that I am the parent/guardian of the participant listed above and that the aforementioned statements made by me are true and the foregoing statements made by me are not willfully false.

***FOR OUTDOOR ODYSSEY CAMPS – ASSUMPTION & ACKNOWLEDGEMENT OF RISK***

Although the Monmouth County Park System (referred to herein as "MCPS") has taken reasonable steps to provide me with appropriate equipment and/or skilled staff for my program, I acknowledge that these programs have risks, including certain risks that cannot be eliminated without destroying the unique character of these programs.

These risks can cause loss or damage to my equipment, accidental injury, illness, or in extreme cases, permanent trauma, disability or death. I understand that the MCPS does not want to frighten me or reduce my enthusiasm for this activity, but thinks that it is important for me to know in advance what to expect and to be informed of the program's inherent risks. The following describes some, but not all, of those risks.

- MCPS programs contain environmental risks and hazards including steep, rocky, and/or slippery terrain; rolling or falling rocks; insects, snakes, and large animals; poisonous plants; under- or above-water obstructions; lightning, snow and ice; rapidly moving, deep or cold water, ocean tides, currents, waves, wind and unpredictable forces of nature, including weather which may change to extreme conditions without notice.
- MCPS programs may take place in remote areas. Communication and transportation are difficult and sometimes evacuation and medical care may be delayed.
- Possible injuries and illnesses include abrasions, lacerations, strains, sprains, and fractures; insect bites or allergic reactions; hypothermia, sunburn, heat exhaustion, dehydration, and other mild or serious conditions.

I agree to assume responsibility for the inherent risks identified herein and those inherent risks not specifically identified. My participation in this activity is purely voluntary; no one is forcing me to participate, and I elect to participate in spite of and with full knowledge of the inherent risks.

Parent/Guardian's Signature: \_\_\_\_\_

Date: \_\_\_\_\_