

Camp Wilderness – Cosmic Sledding Event Liability Waiver and Release

Event Description

I understand that “Cosmic Sledding” is a recreational sledding activity conducted at Camp Wilderness, which may take place in snowy, icy, and dark conditions and involve the use of sleds, lighting effects, and other related equipment.

Assumption of Risk

I acknowledge that participation in Cosmic Sledding involves **inherent risks**, including but not limited to slips, falls, collisions with objects or other participants, cold exposure, and other hazards associated with winter outdoor activities.

I voluntarily assume all risks, known and unknown, associated with participation in this activity.

Release of Liability

In consideration for being allowed to participate, I, for myself and on behalf of my heirs, assigns, personal representatives, and next of kin, **release and hold harmless** the Northern Lights Council, Boy Scouts of America, Camp Wilderness, its staff, volunteers, officers, and agents from any and all **liability, claims, or demands for injuries, losses, or damages** arising out of or related to participation in this event, including those caused by negligence.

Medical Treatment Authorization

In the event of an emergency, I authorize the Camp Wilderness staff or medical personnel to administer first aid or secure proper medical treatment as deemed necessary. I assume full financial responsibility for any medical services required as a result of participation.

Photo/Video Release

I grant permission for Camp Wilderness and the Northern Lights Council to use photographs or video of me (or my child) participating in Cosmic Sledding for promotional or educational purposes.

Acknowledgment of Understanding

I have read this waiver and fully understand its terms. I understand that I am giving up substantial rights, including the right to sue, and sign it freely and voluntarily.

Participant Name: _____

Participant Signature: _____ **Date:** _____

Parent/Guardian Signature (if under 18): _____ **Date:** _____

Emergency Contact Name: _____

Phone: _____