

**SWEETWATER RYDEV, LLC, D/B/A ANDERSON CAMPS LTD, WILDERNESS ACTIVITY
PARTICIPANT MEDICAL CONDITION STATEMENT AND WAIVER OF LIABILITY
(Participants under Age 18)**

Completion of the following document by the participant's parent or legal guardian is required for the individual's participation in any wilderness activities of Sweetwater Rydev, LLC, d/b/a Anderson Camps Ltd ("Anderson Camps").

Participant Information:

Name: _____
Address: _____
Home Telephone Number: _____ Cell Phone Number: _____

Parent/Legal Guardian Information:

Name: _____
Address: _____
Home Telephone Number: _____ Cell Phone Number: _____

Emergency Contact:

Name: _____ Relationship to Participant: _____
Home Telephone Number: _____ Cell Phone Number: _____

PUBLICITY RELEASE

By signing below, and on behalf of my child or my protected person, I authorize Anderson Camps and its affiliates to use his/her name, photograph, any videos in which he/she appears, and any recordings of his/her voice in any of their advertising or other promotional materials, without any compensation to me or my child or my protected person.

RELEASE AND WAIVER OF LIABILITY: By signing below I agree with all of the following:

1. I am at least 18 years old and I am the parent or legal guardian of the participant.
2. I will be participating in the wilderness activities with my child or my protected person named above as the participant.
3. I fully understand that wilderness activities provided by Anderson Camps carry an inherent risk of personal injury or death; and that by allowing my child or my protected person to participate in the wilderness activities, I am doing so at my and his/her risk.
4. I certify that the participation of my child or my protected person in the wilderness activities will not be contrary to advice I have received from a physician or other medical professional. I certify that I have asked my child or my protected person whether he/she has been advised by a physician or other medical professional not to participate in activities the same as, or similar to, the wilderness activities. I certify that I reasonably believe that my child or my protected person is physically and mentally fit to participate in the wilderness activity.
5. On behalf of my child or my protected person I knowingly and freely accept and assume all risks of his/her participation in the wilderness activities, regardless whether I know of all those risks and regardless of whether all the risks were foreseeable.

[Note: if any of statements are not true, your child or your protected person is not permitted to participate in the wilderness activities, and you must not sign this document.]

6. I will inform the wilderness activities guide if my child or my protected person is injured or becomes ill during the wilderness activity.

7. I, on behalf of my child or my protected person, and his/her other representatives, heirs, executors, and assigns release, waive, and discharge Anderson Camps, and its affiliates, and their respective officers, limited liability company managers and members, employees, independent contractors, agents, and other representatives (collectively, the "Released Parties") from any and all liability, and from any and all claims or demands, for (a) bodily injury, (b) death of persons, (c) damage to or loss of property, or (d) any other injury, damage, or loss of any kind, and arising from or related to the participant's participation in any wilderness activities of Anderson Camps or related to the conduct of any of the Released Parties, whether arising because of negligence or any other fault of any of the Released Parties. I also agree, on behalf of my child or my protected person, and his/her other representatives, heirs, executors, and assigns not to sue any of the Released Parties. ***I acknowledge and agree that on behalf of myself and my child or my protected person, I am releasing any and all right to make a claim or file a lawsuit against any of the Released Parties as specified above.***

Signature Parent/Legal Guardian of Participant

Date: _____

Print Name of Parent/Legal Guardian of Participant: _____