

**SHILOH EVENT/ACTIVITY
PERMISSION/CONSENT FORM**
Shiloh Ball Tournament and Family Picnic

I the undersigned adult participant (age 18 or higher) AND/OR I, the undersigned parent or legal guardian consent, or give permission for my son(s), daughter(s) or youth under my guardianship to participate in the above event/activity:

Adult Participant: _____

Special Health Conditions/Medications/Allergies: _____

Youth's Name _____ **Age** _____

Special Health Conditions/Medications/Allergies: _____

Youth's Name _____ **Age** _____

Special Health Conditions/Medications/Allergies: _____

I acknowledge that this activity sponsored by Shiloh Adventure Inc., a not-for-profit organization that runs Shiloh Adventure Camp, may include potential risks and that the risks inherent in the adventure, sporting and/or game activities could result in illness, injury or death. I, as an adult participant, AND/OR I, as parent or legal guardian, (including participant personal representative, heirs, next of kin, spouse and family members) indemnify, release, hold harmless and will not make any liability claims against, sue, or prosecute Shiloh Adventure Inc., or any of its employees, officers, or volunteers for any claims, expenses, personal injury, wrongful death or damages arising from or connected with our participation in this activity, or use of Shiloh Adventure, Inc. equipment and/or host facilities or programs, including those acts caused by negligence or omission.

I will, AND/OR I have instructed my youth to follow safety rules and instructions from the staff.

In the event of emergency or incident, please contact me or the below persons immediately.

Cell Phone: _____ Home Phone: _____ Other: _____

Other Contact(s): _____ Relationship to Youth: _____

Cell Phone: _____ Home Phone: _____ Other: _____

Other Contact(s): _____ Relationship to Youth: _____

Cell Phone: _____ Home Phone: _____ Other: _____

Signature (Adult/Parent/Guardian): _____ **Date:** _____

Please print name: _____