



# Timberline Ranch



## Agreement & Acknowledgement of Risks

**\* This must be completed by *all* guests at Timberline Ranch, or by their parent or guardian if they are less than 19 years of age. \***

I, \_\_\_\_\_ (name of participant or parent/guardian of participant: \_\_\_\_\_), recognize that I/my dependent will be involved in indoor and outdoor activities at Timberline Ranch. Activities involved in this trip may include but are not limited to hiking, orienteering, horseback riding, rock or wall climbing, archery, high or low ropes courses, ziplining, swimming, games and sports, and team building initiatives.

I understand that camp activities offer a wide variety of risks, hazards, and conditions to the participant with not all of them easily foreseeable, which could result in loss, damage, expense, or injury, including death. These conditions may include, but are not limited to variable weather conditions including heat, cold, and wetness, steep or uneven terrain, evacuation difficulties, darkness, animal and plant life, and use of equipment, including various types of safety gear. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity.

I agree to accept and assume all of the risks existing in these activities that are in my control. I/my dependent understand that I/my dependent do/does not have to participate in the activities if I/they do not feel comfortable or confident in doing so. I certify that I/my dependent have/has no medical or physical conditions that could interfere with the safety of any activity. Otherwise, I am willing to assume all the costs and risks that may be created, directly or indirectly, by any such condition.

I certify that I/my dependent will not attend the camp while knowingly contagious with an infectious disease (e.g., COVID). I understand that attending camp with others always brings a risk of contracting a disease. I agree to follow all current BC protocols (e.g., mask-wearing) and any medical protocols Timberline Ranch deems necessary for safety (or as required by the BCCA). Timberline Ranch will endeavor to instruct, protect, and care for my/my dependent's well-being, including making decisions regarding my/my dependent's medical care. I also understand that, following all activities, they will continue to maintain professional standards of behavior regarding me/my dependent.

I understand that all participants in horseback riding, rock climbing, high ropes, skateboarding (skateboard or scooter), cycling, and ziplining must wear an approved helmet for that activity at all times. Failure to comply is done at participant's own risk and in contravention of Timberline safety policies. Participants that fail to comply with stated safety policies forfeit any remedies or indemnity from Timberline Ranch or its insurers in the event of injury or death.

I understand that I/my dependent will need to uphold the standards of behavior expected of them from Timberline Ranch and the organization with which they come (if any). I/my dependent will be expected to listen to and honor any request, suggestion, advice, or rule given by the staff, volunteers, employees of Timberline Ranch, and other supervising adults, with the understanding that this is in the best interest of all participants. I/my dependent will be expected to act with responsibility and care for myself/themselves, the retreat facility, and for others in the activity.

I understand that the camp staff will take reasonable steps to prevent injuries to participants, and that some degree of risk is inherent in the nature of these activities and may occur without fault on the part of the participant or Timberline Ranch. By participating in this activity or allowing my dependent to participate, I am agreeing that the activities described above are suitable for me/my dependent, and that there is a risk of injury associated with these activities.

I have read this agreement at my leisure, and have understood its nature and its contents. I am aware that there are risks involved in this program, and I choose to participate in the program or allow my dependent to participate in the program and all activities involved in the program as they wish. If signing this on behalf of a dependent, I have spoken to them about these risks and expectations, I am confident that they have understood them, and I am content to allow them to proceed on the trip as they wish.

\_\_\_\_\_  
(signature of parent/guardian or participant 19 or older)

\_\_\_\_\_  
(printed name)

\_\_\_\_\_  
(date)