



Northern Lakes Partners Inc.

Release Form

2750 Bible Camp Road

Rhinelanders, WI 54501

Participant Name (Last, First, MI)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Birth Date

\_\_\_\_\_  
Age

\_\_\_\_\_  
Male/Female

Address

City

State

Zip

Phone #

Email

Emergency Contact name (Last, First)

Relationship to Participant

Emergency Contact Phone #

Sponsoring Group / Church / Camp Session

**Please check any activities that the participant listed above MAY NOT engage in:**

Archery    Off-Site Trips    Paintball    Tower/Ropes Courses    Riflery  
 Water Tubing    Snow Tubing    Cross-Country Skiing    Broomball    Ice Skating

**Are there are any other activities they MAY NOT engage in?**

I certify that the participant listed above is in good health, free from communicable diseases, and can participate in all camp activities unless noted. In case of medical and/or surgical emergency, I hereby give permission to the trained medical staff selected by the camp administration or sponsoring organization to hospitalize, secure proper treatment for, and order injection, anesthesia, x-rays, or surgery for the participant as named above. I also understand that participation in this activity can expose me/my child to dangers both from known risks and unanticipated risks. I hereby release and discharge Northern Lakes Partners, its officers, agents, and employees from any and all claims or liability for personal injury or property damage I/my child may suffer while participating in the activity.

I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless NLP from any and all claims, demands or causes of action which are in any way connected with my participation in this activity or my use of their equipment or facilities, arising from negligence. This release does not apply to claims arising from intentional conduct. Should NLP or anyone acting on their behalf be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.

Signature of Participant

Date:

*\* If participant is under 18 then a parent/guardian (age 18 or older) must sign.*

**Please Note:** Wisconsin state law requires that all medication brought to camp by a camper under 18 years of age be kept by the sponsoring organizations adult leadership in a locked unit, and to be administered by those leaders. Please have your medication clearly labeled. **Failure to sign this document will result in removal from activities.**