## HEARTLAND CONFERENCE RETREAT CENTER

## Activities & Program Participation Agreement

Print Participant Name	Print Name of Group	Dat	e of Event
INSTRUCTIONS: Please read this entire for read, complete, sign and submit this agre forms at least one business day before the in advance, the individual will not be permit	ement to Heartland so that Hea Event Date. Without an approp	rtland receives all riately signed form	completed and signed
I have read, and do understand, the Participal child's participation in all activities offered by H Voluntary philosophy. These activities include Problem Solving, Archery, Night Hike, Nature & Bird Blind, Climbing Wall and Wilderness Rush engaging teaching techniques, and that my pain any activity, and I agree to follow all guideling	Heartland Conference Retreat Cent, but are not limited to: High Ropes Center, Large Group Game, Orient or I recognize that the Heartland Acarticipation is purely voluntary. At a	er (Heartland) is base s, Zip Line, Paintball, eering, Campfire, Livi tivities are designed t	ed on the Participation Is Team Challenge, Group ng History, Wagon Ride, to utilize experiential and
I do understand that the staff of Heartland have received extensive training, and will work to protect the emotional and physical safety of myself/my child. I understand that participation in Heartland activity in which I/my child have enrolled, may entail certain risks. I elect to participate in spite of these risks.			
I do understand that safe participation in Heart has no medical, emotional and/or physical c activities.			
I grant to Heartland and all persons acting thr films, videotapes, and sound recordings of my			distribute photographs,
I have read and do understand and accept the be effective and binding upon my heirs, assigns minor children.			
Therefore, for myself/my child, I knowingly and do hereby release and promise to def officers, employees, volunteers, independent expenses arising out of or relating to bodily in Heartland Activities, whether such injury	end, indemnify, and hold harmle ent contractors, and agents fron y or psychological injury, or loss	ess, Heartland and n any and all liabilit that may occur as a	its members, trustees, y, damages, costs and a result of participation
I hereby give my permission to Heartland, medical and surgical treatment.	Licensed by the State of Ohio a	and Morrow County	, to secure emergency
Signature of Participant (Required)		Signature of Custodial Parent/Guardian (Required if participant is a minor)	
Address	City	State	Zip
Phone:	Age of Participant if a minor:		

## **PARTICIPATION IS VOLUNTARY**

- 1. SAFETY, SAFETY— Both physical and emotional safety are important. I will listen to my leaders and facilitators, follow their instructions, and respect and use all equipment and facilities appropriately.
- **2. PARTICIPATION IS VOLUNTARY**—I have made the choice to be here today and participate as an important member of our group.
- 3. GIVE AND RECEIVE FEEDBACK—I will respectfully and gracefully offer and receive feedback to enhance our experience as a group, and my experience as a member of our group.
- **4. DON'T PUT YOURSELF DOWN**—I will not say "I can't." I will believe in myself and in the other members of our group.
- **5. DON'T PUT OTHERS DOWN**—I will encourage the members of our group to believe in themselves and in me.
- **6. SPOT WITH GOOD ATTENTION**—Whenever I am assisting, I will pay attention and perform my assigned task with enthusiasm, diligence and care.
- 7. BALANCE FUN WITH BUSINESS—I will seek a balance between having fun and performing my tasks.
- **8. ALL FOR ONE AND ONE FOR ALL**—We are all participating in this together.
- **9. BE PRESENT AT ALL TIMES**—I will be present with our group at all times, both mentally and physically.
- **10.LEARN FROM MISTAKES**—I will not put myself or others down because of a mistake. I will seek the positive, and will consider any mistake as an opportunity to learn and grow.