



DOMINION CHRISTIAN HIGH SCHOOL

RANGERS PROGRAM

Sponsor/Coordinator: Joey Morecraft
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ASSUMPTION OF RISK

Outdoor activities very often take place in the wilderness and away from immediate medical assistance. I, the undersigned (and/or parent/legal guardian), voluntarily agree to participate in the following activities: kayaking, rock climbing, backpacking, mountain biking, caving, and any others coordinated by DCHS's Ranger Program. I understand this activity will have more inherent risks than normal day-to-day activities. These risks can involve serious injury or even death. I am freely and voluntarily participating in this activity with the knowledge of the danger(s) involved and agree to assume and accept any and all risks. I hereby agree that I will listen carefully and follow all verbal and/or written instructions and directions and ask questions if I do not understand.

I also agree to refrain from the use of alcohol, any unprescribed drug, and tobacco while involved in this activity.

I have carefully read this form and fully understand its contents.

SIGNATURE: _____

NAME: _____

ADDRESS: _____

PHONE: _____ EMAIL: _____

DATE: _____

PARENT'S SIGNATURE IF UNDER 18: _____