

# The Vineyard

## Agreement Between THE VINEYARD, INC. and:

**RETURN TO:**  
The Vineyard  
1945 Vineyard Rd.  
Westfield, NC 27053  
USA  
Tel: 1-336-351-2070  
Fax: 1-336-351-2902  
[letters@vineyardcamp.com](mailto:letters@vineyardcamp.com)  
[www.vineyardcamp.com](http://www.vineyardcamp.com)



Name:		Date:	
If Under Age 18, Name of Guardian:		(mm/dd/yy)	
Address:		City:	
State:	Zip:	Country:	Phone:

I, the above-named person, being above age eighteen, or the legal guardian of the above named person who is under 18, in consideration of the services of THE VINEYARD, INC. hereby acknowledge and agree as follows:

### ACKNOWLEDGEMENT AND ACCEPTANCE OF RISK

I understand and acknowledge that camp's activities, including, but not limited to the ROPES COURSE AND PAINT-BALL ACTIVITIES, the activities I am about to engage in voluntarily, bears certain risks, which could result in injury, death, or damage to my property. These activities will be similar to a very active day of recreational activities. These activities are designed to be safe and staff will explain each activity and safety systems will be used when appropriate. Some activities will take place at heights up to 50' and some include the use of firearms. My participation is voluntary. I will not be required to participate against my wishes. I understand, acknowledge and hereby accept and assume all responsibility and risk arising from my voluntary participation in this activity, **except** for gross negligent acts or omissions of THE VINEYARD, INC., its agents, employees, and contractors.

I have read this section, and initial to show that I understand and agree: \_\_\_\_\_ (Initial)

### RELEASE OF LIABILITY

I hereby release THE VINEYARD, INC. and its staff from any and all liability for injury, illness, damage to property, or any other condition that may occur during participation in any activities or programs of THE VINEYARD, INC. or as a direct or indirect result of participation in any activities or programs of THE VINEYARD, INC. and waive my right to pursue legal action against THE VINEYARD, INC. or its staff in connection with any such, injury, illness, damage or condition.

I have read this section, and initial to show that I understand and agree: \_\_\_\_\_ (Initial)

### ENTIRE AGREEMENT

I understand that this is the entire agreement between Myself and THE VINEYARD, INC., its agents, employees, and contractors and that it cannot be modified or changed in any way by the representations or statements of any employee or agent of THE VINEYARD, INC. or by me.

I have read this section, and initial to show that I understand and agree: \_\_\_\_\_ (Initial)

My signature below indicates that I have read this entire document, understand it completely and agree to be bound by its terms.

Name of Participant	Signature of Participant	Date (mm/dd/yy)
Name of Parent or Guardian	Signature of Parent or Guardian (If Under Age of 18)	Date (mm/dd/yy)