

Please note, the second page of this document must be signed and notarized



Miracle Hills Camp

FAITH UNITED CHURCH KIDS CAMP

Waiver & Release

- ALL participants in Miracle Hills Camp must have a signed and notarized Waiver and Release form.
- This includes **participating campers, adults 18 years and older, and children of adult leaders.**
- Participants under 18 must have the authorized signature of a Parent/Guardian.
- Return this form to Faith United Church before departure.

Name of Student: _____

Birthdate: ____/____/____ Age: ____ Gender: Male Female

Address: _____

City: _____ State: ____ Zip Code: _____

Parent/Guardian Name 1: _____

Cellphone Number 1: (_____) _____ - _____

Parent/Guardian Name 2: _____

Cellphone Number 2: (_____) _____ - _____

Please Check the box which best describes the attendee:		
<input type="checkbox"/> Camper	<input type="checkbox"/> Adult	<input type="checkbox"/> Child of Adult Leader

Consideration: I acknowledge the personal benefits accruing to me (and my child, as applicable) by reason of participation in the above described event and am aware of the activities in which I, or my child, will be involved through said participation.

Release/Indemnification: I hereby, in consideration of such benefits and other good and valuable consideration received, consent to the above listed participation and release absolutely, forever discharge, hold harmless and covenant not to sue Faith United Church from any and all present or future liability, claims, demands, actions or rights of action, whether asserted by me or a third party arising out of my (or my child's) participation in event activities (the "Claims"). I agree to indemnify and hold harmless Faith United Church for any such claims brought by me or a third party from any costs associated with defending or litigating such claims, including by not limited to attorney fees, costs and legal expenses.

Medical Emergency: In the event of injury or medical emergency, I understand that Faith United Church, not Miracle Hills Ranch, will be responsible for the medical care of all attendees. It will be Faith United Church's "Camp Nurse" that is responsible to assess medical needs, obtain and consent to appropriate medical care, transport persons in need of medical care and contact parents or guardians of minors. I release Miracle Hills Camp from any and all liability related to medical treatment. In addition, I assume the risk and financial responsibility for any injury resulting from the attendee's participation in all Miracle Hills Camp events.

The recreation programs strive to offer fun, safe, and challenging activities that engage the whole person- body, mind and soul. Program volunteers are trained and as a team committed to your rewarding experience with safety as their highest priority. They have done everything

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possible to mitigate any risks involved in their recreation programs. However, there are inherent risks to participation in recreation activities, including but not limited to, initiative games, high and low challenge course, outdoor education, and aquatics. You could experience any of the following - elevated heart and respiratory rates, uncomfortable group dynamics, climbing, jumping, running, traveling long distances in remote settings, carrying weight on your backs and shoulders, unforeseen forces of nature or weather, any of which could result in injury/illness that could result in loss of life, limb, and/or property.

Assumption of Risk: I am aware of the risks associated with participation in any of the above event and do hereby voluntarily assume full responsibility for any risk of loss, property damage or personal injury, including death, that may result in participation in event activities.

Understanding: I represent and acknowledge that I have completely read and understand this document and all its terms and all matters referred to herein, and I signed voluntarily as my free act and deed, that I have had an ample opportunity to obtain the advice of counsel and that, by signing this document, I understand that I am relinquishing legal rights and remedies that may have otherwise been available to me. I understand that this Waiver and Release shall be construed as broadly and inclusively as is permitted by applicable law and agree that if any portion of this document is held invalid, the remaining shall continue in full force and effect. To the extent the restriction on filing lawsuits is deemed unlawful, I agree to submit any Claims to Peacemaker International, a Christian mediation/arbitration organization for final resolution.

Media Consent: I give my consent and permission for the taking of photographs and/or video of me (or my child) during the described event and waive and/or assign any and all rights (including copyright) in such media to Faith United Church. Faith United Church, as the sole owners of such media, shall have the exclusive right to control and determine the used, display, performance, reproduction and dissemination of any such photographs and/or videos.

Copy to Camp Location: It is understood and agreed that a copy of this form shall be treated as authentic and binding as the original and that a copy of same shall be provided at the camp location.

CAUTION: READ THIS DOCUMENT CAREFULLY BEFORE SIGNING. THIS IS A GENERAL RELEASE AND INDEMNIFICATION OF CLAIMS.

Please check, which applies:

Parent/Guardian

Attendee 18 years of age and older

Signature: _____

If you are a Parent/Guardian of an attendee who is under 18 years of age, please include the following.

Your Name: _____

Relationship to Attendee: _____

Contact Number: _____

Notary Information

The following is to be completed by the notary witnessing parent/guardian's or adult's signature. All participants, including adults and children of adult leaders, must submit a notarized Waiver and Release before participating in camp activities.

The State of _____ the County of _____

Before me, a Notary Public, on this day personally appeared _____ known to me to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that he/she executed the same for the purpose and consideration therein expressed.

Given under my hand and the seal of the office this _____ day of _____, A.D. _____.

Notary Public, Signature _____

My commission expires the _____ day of _____, A.D. _____.

Please Place notary stamp or seal here