

Living Waters Bible Camp

ACKNOWLEDGEMENT & ASSUMPTION OF RISK WAIVER, RELEASE, AND INDEMNIFICATION

UPON CAREFUL READING AND CONSIDERATION, THE UNDERSIGNED RECOGNIZES THAT SOME OF THE ACTIVITIES FOR WHICH HE/SHE DESIRES TO PARTICIPATE IN AS PART OF A PROGRAM OF LIVING WATERS BIBLE CAMP INHERENTLY CARRY THE RISK OF INJURY, IN ADDITION TO THE NORMAL RISKS ASSOCIATED WITH PARTICIPATING IN CAMP PROGRAMS, TRANSPORTATION TO AND FROM CAMP PROGRAMS OR ACTIVITIES, BEING ON CAMP PROPERTY AND REGULAR ACTIVITIES. PARTICIPANT HAS ASKED TO PARTICIPATE AND ACKNOWLEDGES THE INHERENT RISK AND ASSUMES THE RISK OF INJURY OR HARM. BY SIGNATURE BELOW, IN CONSIDERATION OF, AND AS PART OF PAYMENT FOR THE RIGHT TO PARTICIPATE IN ACTIVITIES ARRANGED AND PROVIDED FOR PARTICIPANT BY LIVING WATERS BIBLE CAMP AND TRANSPORTATION TO, FROM AND DURING ANY CAMP PROGRAMS OR ACTIVITIES, PARTICIPANT AGREES TO ASSUME THE RISK OF PERSONAL INJURY, DEATH, AND PROPERTY DAMAGE ASSOCIATED WITH LIVING WATERS BIBLE CAMP ACTIVITY PROGRAM AND TRANSPORTATION, AND TO RELEASE AND INDEMNIFY LIVING WATERS BIBLE CAMP, IT'S OFFICERS, DIRECTORS, EMPLOYEES, AND AGENTS FROM AND AGAINST ANY AND ALL LIABILITY FOR NEGLIGENCE AND COSTS IN CONNECTION WITH PARTICIPANT'S PARTICIPATION IN ACTIVITY PROGRAMS AT LIVING WATERS BIBLE CAMP.

While Living Waters Bible Camp does not want to frighten you or reduce your enthusiasm for these activities, Living Waters Bible Camp does acknowledge and advise that it is important for the participant to be informed and know in advance about inherent risks. You hereby attest as follows:

By signature below, I acknowledge that I (the participant) have asked to participate in the Living Waters activities, programs, and related events. Among others, these activities include, but not limited to, hiking, tubing, sledding, ropes course, climbing, archery, swimming, zip line, climbing tower, outdoor athletics and sports, cross country skiing, horseback riding, campfires, fishing, broomball, ice skating, paintball, playground equipment, giant swing, outdoor and indoor play, and others, I understand that participation in these activities is not without risk.

I understand that no activity program is absolutely safe and free of risk. I agree to assume full responsibility for myself and for my family, including minor children. I expressly assume all risk and responsibility involving accidents sustained while participating in activities and the program at Living Waters resulting from negligence on my part, and that of my family or officers, directors, employees, and agents of Living Waters Bible Camp.

I affirm that I (the participant) am fully capable of participating in the activities and that my general health is good, that I do not have any condition that might endanger the life or health of myself or others participating in camp activities. I affirm that I know of no reason why I should not participate.

I understand the signature of the parent or guardian for a minor child on this document is intended to have the parent or guardian be bound and commit the parent or guardian to not take action on behalf of such minor child.

I (the participant) agree that Wisconsin law shall govern this release. I agree that any lawsuit relating to this release or my participation in the Living Waters activities and programs shall be in Vernon County, Wisconsin. If any provisions of this Agreement shall be construed to be illegal or invalid, it shall not affect the legality or validity of any of the other provisions herein, those portions shall be deemed stricken and deleted from this Agreement, but all other provisions of this Agreement shall continue in force and effect.

This ACKNOWLEDGEMENT & ASSUMPTION OF RISK, WAIVER, RELEASE, AND INDEMNIFICATION AGREEMENT shall be legally binding upon my heirs, assigns, legal guardians, personal representatives, and myself and is effective for 12 months from the date in which it is signed. I have carefully read this agreement and understand its contents. I am aware that I am releasing certain rights of my own free will that I otherwise may have.

PHOTO & IMAGE DISCLAIMER: I understand and acknowledge that during participation in the camp and its related activities, photographs, video recordings, drawings, sketches, or other images ("Images") may be made or captured of campers, staff, or visitors, including me or my child. I agree that all such Images, whether in hard copy or electronic form, will be the sole property of Living Waters Bible Camp, and that Living Waters Bible Camp reserves the right to use any and all Images for the promotional and advertising purposes, in whatever form. No party other than Living Waters Bible Camp shall have any right, title, or interest in the Images, except as may be expressly granted by Living Waters Bible Camp. I also acknowledge and agree that no camper, staff, or visitor (including me and my child) shall be entitled to compensation or remuneration of any kind for the use of any Images.

PARTICIPANT SIGNATURE

DATE

If Participant is a minor:

PARENT OR GUARDIAN

DATE

Living Waters Bible Camp**Guest Group Health and Emergency Contact Form****Participant's Personal Information**Name _____ Date of Birth: _____ ☐ Male ☐ Female

Address _____ City _____ State _____ Zip _____

Parent/Guardian/Spouse

Name _____ Phone _____

Second Parent or Guardian Emergency Contact

Name _____ Phone _____

Health HistoryImmunizations up to date? ☐ Yes ☐ No ☐ We don't immunize Last tetanus booster _____Any medication allergies? ☐ No ☐ Yes _____Any environmental allergies? ☐ No ☐ Yes _____Any food allergies? ☐ No ☐ Yes _____Any special dietary needs? ☐ No ☐ Yes _____

(Please contact the Food Services Manager before you/your child comes to camp. 608-634-4373 ext. 29)

Does camper/staff have any of the following: (Check all that apply)

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> asthma / breathing disorder | <input type="checkbox"/> ear infections | <input type="checkbox"/> diabetes | <input type="checkbox"/> seizures/epilepsy |
| <input type="checkbox"/> history of major head trauma | <input type="checkbox"/> heart problems | <input type="checkbox"/> emotional disorder | <input type="checkbox"/> bedwetting |
| <input type="checkbox"/> sleep walking/night terrors | <input type="checkbox"/> contacts/glasses | <input type="checkbox"/> oral appliance | <input type="checkbox"/> homesickness |
| <input type="checkbox"/> physical limitations/restrictions | <input type="checkbox"/> other (including treatments to be administered while at camp) | | |

Explain any checked _____

Chronic or recurring illness or medical condition (not listed above) _____

Any treatment to be continued at camp _____

Activities to be discouraged or limited _____

Additional health information _____

Current medications (Send with instructions in original container) _____

I authorize the camp Health Care Supervisor to administer medications to my child. In the event I cannot be reached in an emergency, I hereby give permission for the physician selected by the camp director or his designate, to hospitalize, secure proper treatment for, and to order injections, anesthesia, or surgery for my child.

Signature _____ Date _____

(if under 18, parent needs to sign)