

# Complete Liability Waiver and Participation Agreement



Read this document completely before signing. Its effect is to release Camp Hope of Southwest Washington ("Camp Hope") and its representatives from any liability resulting from your participation or your minor child's participation in activities at and use of Camp Hope, to waive all claims for damages or losses against Camp Hope and its representatives that may arise from such activities and use, to permit Camp Hope to consent to medical treatment on your or your minor child's behalf, and to permit Camp Hope to publish photographs and videos of you.

In consideration of Camp Hope, located at 12800 Roper Rd., Battle Ground, Washington 98604, permitting me or my minor child to participate in activities at or use of Camp Hope, I, or I on behalf of my minor child,

\_\_\_\_\_ and if applicable, \_\_\_\_\_  
PRINT NAME OF PARTICIPANT / CAMPER PRINT NAME OF PARENT OR LEGAL GUARDIAN

hereby assume all of the risks of participation in activities at or use of Camp Hope, including by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of Camp Hope and its representatives, from dangerous or defective equipment or property owned, maintained, or controlled by them, or because of the possible liability without fault, or from transportation to or from Camp Hope. I understand that participation in activities at or use of Camp Hope is voluntary, and I acknowledge that I am exercising my own free choice to participate voluntarily or let my minor child participate voluntarily in such activities and use, and am promising to take due care during such participation.

I acknowledge and understand the nature of activities that I or my minor child will be participating in have natural and/or manmade potential hazards such as, but not limited to, uneven terrain, trees, branches, mounds, rivers, buildings, and other such structures. I am aware of the risks which may be associated with any natural and/or manmade potential hazards and with general recreational activity, including the risks of bodily injury, death, or damage to property which may occur from known or unknown causes.

Also in consideration of Camp Hope permitting me or my minor child to participate in activities at or use of Camp Hope, I, or I on behalf of my minor child, hereby voluntarily make this agreement for myself or my minor child and my or my minor child's executors, administrators, heirs, next of kin, successors, and assigns, and I specifically:

- waive, release, and discharge Camp Hope and its individual directors, officers, agents, employees, volunteers, representatives, and any other persons or entities acting on its behalf, and the successors and assigns from any and all liability of every kind, including but not limited to liability arising from the negligence or fault of the entities or persons released, for my or my child's death, disability, personal injury, property damage, property theft, or actions or injury of any kind which may hereafter occur to me or my child;
- indemnify, hold harmless, and promise not to sue the entities or persons released above from any and all liabilities or claims made as a result of participation in activities at or use of Camp Hope, whether caused by the negligence of Camp Hope or any of the persons or entities being released; (continued)
- agree that I will be solely responsible for any costs arising out of any bodily injury or property damage sustained through my or my minor child's participation in normal or unusual activities at or associated with Camp Hope;
- give consent for Camp Hope staff members to authorize necessary hospitalization and medical treatment for me or my minor child, including but not limited to injections, anesthesia, surgery, and medication;
- represent that I have current medical insurance coverage for me and for my minor child and agree to be responsible for any and all billings and debts incurred with respect to such medical treatment or services; and
- represent that I have disclosed to Camp Hope any medical information that Camp Hope needs to know to assist in obtaining any necessary care.

**ALLERGIES?** Does the participant have any allergies? Bee stings, hay fever, etc.? \_\_\_\_\_yes \_\_\_\_\_no

If yes, please explain \_\_\_\_\_

This Complete Liability Waiver and Participation Agreement shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I have had sufficient time to review and seek explanation of the provisions contained above, have carefully read them, understand them fully, and agree to be bound by them. After careful deliberation, I voluntarily give my consent and agree to this Complete Liability Waiver and Participation Agreement.

\_\_\_\_\_  
PARTICIPANT/CAMPER'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PARTICIPANT / CAMPER'S PHONE NUMBER

\_\_\_\_\_  
EMERGENCY CONTACT

\_\_\_\_\_  
RELATIONSHIP TO CAMPER

\_\_\_\_\_  
EMERGENCY CONTACT'S PHONE NUMBER

If participant/camper is under the age of 18, his or her parent or legal guardian must also sign: I, \_\_\_\_\_  
PRINT NAME OF PARENT OR LEGAL GUARDIAN

warrant and represent that I am the parent or legal guardian of the participant/camper who has signed above. Acting in such capacity, I have read and I understand the provisions of this document, I consent to the participant/camper participating in activities at or use of Camp Hope, and I fully enter into and agree, individually and on behalf of the participant/camper, to the terms of the above Complete Liability Waiver and Participation Agreement. I further agree to save and hold harmless and indemnify each and all of the released persons or entities referred to above from all liability, loss, cost, claim, or damage whatsoever which may be imposed upon said parties because of any defect in or lack of such capacity to so act and release said persons or entities on behalf of the participant/camper and the parents or legal guardian.

\_\_\_\_\_  
PARENT/GUARDIAN'S SIGNATURE

\_\_\_\_\_  
DATE

## - Release for Publication or Opt-Out -

Do you grant Camp Hope permission to publish and use photo and/or video images of you or your minor child in a variety of media, including but not limited to webpages, social media, brochures, and other printed materials, and hereby release and hold Camp Hope and its representatives harmless for any claims against Camp Hope or its representatives related to such publication and use?

YES, I do give my consent to Camp Hope to use photo and/or video images taken of me or my minor child in a variety of media, including but not limited to webpages, social media, brochures, and other printed materials. I hereby release and hold Camp Hope and its representatives harmless for any claims against Camp Hope or its representatives related to such publication and use. This form will apply throughout me or my minor child's tenure at Camp Hope and will not need to be updated unless I so desire.

NO, I do not give my consent to Camp Hope to use photo and/or video images of me or my minor child.

\_\_\_\_\_  
SIGNATURE OF PARTICIPANT/CAMPER, IF 18 OR OLDER, OR PARENT/GUARDIAN

\_\_\_\_\_  
DATE