



WINTER CAMP
Health & Permission Form

Full Name of Participant: _____ Date of Birth: _____

Release, Waiver & Assumption of Risk:

For and in consideration of my participation in a Camp Friedenswald youth camp, I, for myself, executors, heirs and assigns, (and, as applicable, my dependent) do hereby voluntarily, unconditionally and irrevocably release, discharge, and hold harmless Camp Friedenswald and all persons connected with Camp Friedenswald, its directors, employees, volunteers, or affiliates (collectively, "its representatives") from any and all claims, demands, causes of action, obligations or liabilities of any nature whatsoever (including attorney's fees) whether known or unknown, related to or arising from or out of my (and, as applicable, my dependent's) participation in the youth camp at Camp Friedenswald.

I understand that my engagement (or, as applicable, that of my dependent) as a participant in youth camp exposes me to dangers both known and unknown. I recognize that this release discharges Camp Friedenswald and its representatives from any liability with respect to bodily or personal injury, including death, or property damage that may result from my participation in a Camp Friedenswald youth camp.

Media Release:

I authorize Camp Friedenswald and its representatives to take photographs, video and/or audio recordings of me, including my name, my image, my likeness, my performance, and/or my voice (or, where applicable, that of my dependent). I also grant Camp Friedenswald an unlimited right to reproduce, use, exhibit, display, perform, broadcast, create derivative works from, and distribute photographs, video and/or audio recordings in any manner or media now existing or hereafter developed, in perpetuity, throughout the world, and without expectation of compensation.

Other:

I agree (or, as applicable, authorize my dependent) to be transported in Camp Friedenswald vehicles and to and from off-Camp activities.

I agree (or, as applicable, authorize my dependent) to engage in all Camp Friedenswald activities, except as noted by me on the Health Form for this participant.

I agree to the release of my medical records (or as applicable, those records of my dependent) in the event of injury or illness.

I agree that this Release is intended to be as broad and inclusive as permitted by Michigan law, and that this Release shall be governed by and interpreted in accordance with Michigan law. I further agree that if any clause or provision of this Release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release which shall continue to be enforceable.

I attest that I have read this entire release; I fully understand it, and; I agree to be bound by it. I represent that I am at least 18 years of age, or, if I am under 18 years of age, a parent or legal guardian has signed below.

Parent/Guardian's Signature: _____ Date: _____

Parent/Guardian's Printed Name: _____