Camp Friedenswald Adult Retreat
Release Form

Name of Church: _____

Release, Waiver & Assumption of Risk:

I have authority to agree, and do agree, on behalf of each member of my group and their executors, heirs and assigns (and, as applicable, dependents), for and in consideration of our participation in a Camp Friedenswald family retreat, to 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 each member of my group's participation in family retreat.

I understand that participation in a family retreat exposes each member of my group to dangers both known and unknown. I have authority to agree, and do agree on behalf of each member of my group and their executors, heirs and assigns (and, as applicable, dependents) 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 participation in family retreat by a member of my group.

Media Release:

I have authority to authorize on behalf of each member of my group, and do so authorize, Camp Friedenswald and its representatives to take photographs, video and/or audio recordings of any member of my group, including their name, image, likeness, performance, and/or voice. 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 have authority to agree on behalf of each member of my group, and do so agree to be transported in Camp Friedenswald vehicles and to and from off-Camp activities.

I understand that Camp Friedenswald is not responsible for the provision of health care to any member of my group in the event of injury or illness.

I have authority to agree on behalf of each member of my group, and do so 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.

Printed Name_____ **Signature:**_____ **Date:**_____