Release of Liability Waiver

Dakotas-Minnesota Area

United Methodist Camp & Retreat Ministry

This form is **MANDATORY** and must be completed by all adult participants and/or the parent or legal guardian of any participant under age 18 attending camping events. This form is **REQUIRED** at the time of camper check-in and the form **MUST** be signed.

Each United Methodist Camp and Retreat Center ("Camp") in the Dakotas-Minnesota Area United Methodist Camp & Retreat Ministry offers a variety of services and voluntary activities designed to enrich the camping or retreat experience. These services and voluntary activities may include, without limitation, the provision of food, lodging and transportation, as well as the sponsorship of challenging and educational activities often associated with camping and the outdoors such as swimming, hiking, boating, waterskiing, tubing, campfires, fishing, all-terrain biking, low and high rope courses, horseback riding, archery, rock climbing, wall climbing, tree climbing and rappelling. Special camps offer special educational opportunities or off-site trips. Both participants and staff members (including volunteers) may have the opportunity to participate in one or all of these activities.

While each Camp will endeavor to ensure the safety of its participants and staff members, there are unavoidable risks of injury – and even death – associated with camping and its related services and activities.

Consequently, a properly executed Release of Liability is required before anyone may attend a Camp or Retreat as either a participant or a staff member.

Such a Release of Liability is set forth below. If you are a prospective participant or staff member under eighteen years of age, or an adult under guardianship, one of your parents or your legal guardian must print his or her name below and then sign and date the line designated "Signature of Custodial Parent/Guardian." If you are a prospective participant or staff member eighteen years of age or older, you must print your name below and then sign and date the line designated "Signature of Adult Participant." You are encouraged to consult an attorney if you have any questions about the meaning of this document.

If you have any questions about the services or activities provided at any Camp you should contact the Central Camping office at 1-855-622-1973.

By signing below, I acknowledge and agree to the following:

1. I have read and understand the risks summarized above and acknowledge that the activities in which I may engage can be dangerous and can involve risk of serious injury or death. I also acknowledge that not all potential risks associated with all camp or retreat activities or services are listed herein but are reasonably foreseeable;

2. I understand that my participation in camp activities and receipt of camp services is voluntary and I may decline to participate in any activity or service offered. I further understand that it is my obligation and responsibility to continually look out for any conditions or circumstances that may be unsafe. If at any time I feel anything to be unsafe, I will immediately notify a camp official and, if necessary, immediately leave the area or stop participating in the event which I feel may be unsafe;

3. I understand that in order to participate in certain offsite camp activities I may be transported in a licensed, insured vehicle of the Dakotas *or* Minnesota Annual Conference of The United Methodist Church or in some instances a privately owned vehicle;

4. I understand that in the case of a medical need requiring off-site emergency medical treatment I may be transported in a licensed, insured vehicle of the Dakotas *or* Minnesota Annual Conference of The United Methodist Church or in some instances a privately owned vehicle;

5. In consideration of attending a United Methodist Camp(s) as a participant or staff member, I expressly assume the risks of such attendance. Further, for myself and on behalf of my executors, administrators and heirs, I release, covenant not to sue, discharge, and hold harmless Dakotas *or* Minnesota Annual Conference of The United Methodist Church, United Methodist Camp(s), their employees, agents, and representatives, from all liabilities, claims, actions, damages, costs, or expenses of any kind arising in any way from my attendance at a United Methodist Camp(s), for injury to my person or property, or my death caused by the negligence of these entities and/or individuals to the fullest extent allowed by law, it being the intention of the parties for this release to be as broad and inclusive as allowed by law;

6. In consideration of my child's or ward's attendance at a United Methodist Camp(s) as a participant or staff member, I, for myself and on behalf of my minor child or ward and his or her executors, administrators and heirs, give permission to my minor child or ward to participate in any of the activities offered at such camp, subject to the limits identified on the camper's Medical Information Form attached hereto and release, covenant not to sue, discharge, and hold harmless Dakotas or Minnesota Annual Conference of The United Methodist Church and the United Methodist Camp(s) my child or ward attends, their employees, agents, and representatives, from all liabilities, claims, actions, damages, costs, or expenses of any kind arising in any way from the child's or ward's attendance at a United Methodist Camp(s) for injury to my child or ward or his or her property or his or her death caused by the negligence of these entities and/or individuals to the fullest extent allowed by laws, it being the intention of the parties for this release to be as broad and inclusive as allowed by law.

Camper: _____ **Camp or Event:** _____ **Camp Number:** _____

If participant or staff member is under age 18, or an adult under guardianship:

X_____

Printed Name of Custodial Parent/Guardian:

X_____ _____

Signature of Custodial Parent/Guardian: **Date:**

Relationship to Participant: _____

- OR -

If participant is 18 or older:

X_____

Printed Name of Adult Participant:

X_____ _____

Signature of Adult Participant: **Date:**

Public Relations Release

United Methodist Camp personnel may at their discretion, elect to include photographs of persons and events at United Methodist Camps in printed materials, news releases, film presentations, authorized camp or conference websites and the like for the purpose of advancing the mission of the United Methodist Camp program. I hereby give permission for photographs or visual images of the above named individual to be used for such purposes at any time, without compensation or prior approval rights; with the understanding that said individual will not be identified by name without permission.

X_____ _____ X_____ _____

Signature of Custodial Parent/Guardian: **Date:** **Signature of Adult Participant:** **Date:**