

EXHIBIT 2  
CAMP TWIN LAKES -- CAMP RELEASE FORM

This agreement must be read and signed for you/your child to be eligible to attend Camp Walk-N-Roll at Camp Twin Lakes.

Your/Your Child's Name: \_\_\_\_\_

I. PARTICIPATION CONSENT

I understand and certify that my/my child's participation in Muscular Dystrophy Association and its activities at Camp Twin Lakes is completely voluntary. I have familiarized myself with Muscular Dystrophy Association program and activities at Camp Twin Lakes in which I/my child will be participating. I recognize that certain hazards and dangers are inherent in these activities, which may include, but not limited to, the activities of horseback riding, high and low elements ropes course, swimming, archery, gardening, cooking, biking, sports, lake swimming, and boating. I acknowledge that although Muscular Dystrophy Association and Camp Twin Lakes have taken safety measures to minimize the risk of injury to camp participants, Muscular Dystrophy Association and Camp Twin Lakes cannot insure or guarantee that the participants, equipment, premises or activities will be free of hazards, accidents or injuries. I recognize and have instructed my child in the importance of knowing and abiding by the rules, regulations, and procedures for Camp Walk-N-Roll at Camp Twin Lakes. Further, I attest that my health insurance will cover any medical and hospital expenses that I/my child incur and I have received approval from a doctor authorizing me/my child to participate in the Camp Walk-N-Roll activities at Camp Twin Lakes. I also agree to inform Muscular Dystrophy Association of any activities in which I/my child may not participate.

II. LIABILITY RELEASE

I, the undersigned, understand that occasionally accidents occur during camp activities and that participants may sustain serious personal injury and property damages as a consequence thereof. Knowing the risks of camp activities, nevertheless, I agree to assume those risks and by signing this liability release, I intend to legally bind myself, my minor children, my heirs, executors, and administrators. I hereby release and forever discharge Muscular Dystrophy Association and Camp Twin Lakes, and any of their officers, directors, employees, partners, shareholders, board members, servants, agents and assigns from and against all claims, causes of action, damages, losses and/or expenses arising out of or relating to any injury, illness, or loss of any kind, known or unknown, including but not limited to injuries to property or person, to me/my child during or related to my/my child's attendance at Muscular Dystrophy Association at Camp Twin Lakes.

III. MEDIA RELEASE

I do \_\_\_ I do not \_\_\_ give Muscular Dystrophy Association and Camp Twin Lakes the right to interview and/or to take photographs, audio or audio-visual recordings of me/my child to be used in promotional, educational or fundraising materials including, but not limited to videotapes, pamphlets and brochures. I understand my/my child's name may be used in connection with these materials. By signing this media release, I intend to legally bind myself, my minor children, my heirs, executors and administrators. Muscular Dystrophy Association and Camp Twin Lakes shall have the right to use photographs or other images of me/my child in promotion, educational or fund-raising materials. I acknowledge that Muscular Dystrophy Association or Camp Twin Lakes shall have all rights of copyright in and to such photographs and videotapes and may use such copyright fully. I also hereby release Muscular Dystrophy Association and Camp Twin Lakes and its officers, agents and employees from all liability connected with the taking and use of these materials as is authorized by Muscular Dystrophy Association and Camp Twin Lakes. In addition, I waive all rights, interest or claims for payment in connection with any exhibition or release of these materials. This consent is voluntary, and I give it in the interest of public information, education, the furtherance of the goals of these institutions, or other lawful purposes. I acknowledge that I have legal authority to sign this form on behalf of the minor whose name is mentioned above.

IV. PROGRAM AND OUTCOMES EVALUATION

I do \_\_\_ I do not \_\_\_ give Muscular Dystrophy Association and Camp Twin Lakes to survey me/my child in confidential and voluntary program evaluation at Camp Twin Lakes. I understand that my/my child's name will not be used in conjunction with surveys and the data collected will be used to improve programming at Camp Twin Lakes and other camps and programs.

V. DISPUTES

I agree that any dispute concerning, relating, arising out of or referring to the subject matter of this contract shall be resolved exclusively by binding arbitration in Atlanta, Fulton County, Georgia. The arbitration shall be administered by JAMS and conducted before a single arbitrator in accordance with the JAMS Rules. The arbitrator shall have exclusive authority to resolve any dispute relating to the interpretation, applicability, enforceability, conscionability, or formation of this contract, including but not limited to any claim that all or any part of this contract is void or violable.

X \_\_\_\_\_  
Parent/Guardian/Self Signature

\_\_\_\_\_  
Date