



Lake Springfield Christian Assembly
Guest Lake Front Activity Waiver

In compliance with this agreement as a guest of Lake Springfield Christian Assembly, I release any and all claims I have or may have against Lake Springfield Christian Assembly, it's directors, officers, employees and agents, including any and all claims against the above for damages or injuries arising directly or indirectly out of my participation in camp activities at the camp, including any negligent conduct of Lake Springfield Christian Assembly, it's directors, officers, employees and agents, but excluding any gross negligence or willful misconduct of Lake Springfield Christian Assembly it's directors, officers, employees and agents. The above release includes the release of Lake Springfield Christian Assembly it's directors, officers, employees and agents from the consequences of LSCA's (it's directors, officers, employees and agents) own negligence. The only circumstance under which the release of LSCA (it's directors, officers, employees and agents) does not apply is with respect to any occurrence resulting from the gross negligence or willful misconduct of Lake Springfield Christian Assembly, it's directors, officers, employees and agents. I hereby assume all risks of personal injury, death, or property damage or loss form apart from above exception while we are using the facilities of Lake Springfield Christian Assembly.

I understand that by signing this document, I am stating that I do have medical insurance.

I understand that LSCA's programs and our group's programs at LSCA use a wide variety of activities including waterfront activities. I understand that, with some pre-existing medical conditions, strenuous activities may not be recommended. I understand that if I have questions regarding my physical health or a pre-existing medical condition, it is my responsibility to consult with my physician in order to determine my level of participation. I understand that, regardless of my health, there is an inherent risk of physical or emotional injury with all the program activities, which I must assume for myself. I agree to correctly wear a PFD (Personal Floating Devisce / Life jacket) at all times while using paddle boards, Canoes, Kayaks or Corcls.

If my use of the equipment results in loss or damage of the equipment, I agree to pay for full replacement of the loss of equipment, including: Paddles, PFDs, Canoes, kayaks, Paddle Boards or Corcls.

I hereby agree to comply with all rules and regulations (posted in various locations) and give my permission for the free use of my name and picture in any media account of LSCA. I also agree to assume liability for any and all damages to LSCA property that is under my control while participating in LSCA activity.

Please fill out fully

Guest Name: _____ Age: _____ Email: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Signature: _____

Print Name: _____ Date: _____

Signature of Parent or Guardian (If under age 18): _____