

# Pine Lake Fellowship Camp

## Guest Group and PLFC Event Release/Waiver/Indemnity Agreement

1. The undersigned does hereby release, discharge, indemnify, and hold harmless Pine Lake Fellowship Camp, Inc. (PLFC), its employees, members, volunteers, Board of Directors and all of their parent and affiliated organizations and all of their officers, directors, members, and participants from all claims, demands, actions, judgments, and/or liabilities of whatsoever kind of nature, including any costs, attorneys' fees, losses or expenses in connection therewith, in any way relative to, arising out of, or by reason of, the undersigned's participation in, and attendance at Pine Lake Fellowship Camp and/or related facilities, including all claims or demands for death or injury to the undersigned, or any damage to, or destruction of any of the undersigned's property arising out of any accident or occurrence with, said attendance, participation and/or presence, whether negligent or otherwise.
2. This Waiver, Release and Indemnification is given in consideration of, and as a condition to, permitting the undersigned to participate in all Pine Lake Fellowship Camp activities. **THE UNDERSIGNED ACKNOWLEDGES THAT HE/SHE HAS READ AND FULLY UNDERSTANDS ALL OF THE FOREGOING.** The terms and provisions of this waiver, release and indemnification shall be binding upon the heirs, executors, administrators of the undersigned, and use of this waiver, release, and indemnification in the absence of the signature below, shall constitute acceptance of the terms and conditions herein. The UNDERSIGNED expressly acknowledges and agrees that these activities involve the potential risk of injury and/or death and/or property damage. The UNDERSIGNED further expressly agrees that the foregoing release, waiver, and indemnity agreement is intended to be as broad and inclusive as is permitted by the laws of the state of Mississippi and that if any portion hereof is held invalid, it is agreed upon that the balance shall, notwithstanding, continue in legal full force and effect.
3. I believe the undersigned is able to attend and participate in all PLFC Ropes Course activities including, but not limited to, zip line and rope swing, except as otherwise noted. In the event that the undersigned's behavior is deemed unacceptable by camp personnel, I understand that the undersigned may be removed from the PLFC Ropes Course and sent home without refund.
4. I understand and recognize that there are certain risks, dangers, and perils connected with such use and/or receipt of ropes course participation, which I fully understand, and which I nevertheless accept, assume, and undertake after inquiry and investigation of extent, duration, and completeness wholly satisfactory and acceptable to me. I further agree on behalf of the undersigned to use my best judgement in undertaking these activities, use, and/or receipt and to adhere to all safety instructions and recommendations, whether oral or written. I hereby certify that I am a competent adult assuming these risks of my own free will on behalf of myself and/or my children.
5. I release Pine Lake Fellowship Camp from all liability related to medical treatment.
6. I authorize use of photos or videos of myself or my child at camp for both print and digital promotional purposes.
7. I expressly understand that the PLFC Ropes Course and Ropes Course grounds presents known and inherent risks regarding activities and potential and/or actual infection of COVID-19 and any other communicable diseases. The undersigned is responsible for evaluating the risks that he or she may face. By signing below, and engaging in any Pine Lake Fellowship Camp activities, the undersigned, in exchange for the opportunity to voluntarily participate in the activity, has assumed the risk and is responsible for the actions.
8. In the event that the undersigned participant(s) are minors, I release Pine Lake Fellowship Camp from the responsibility of care and monitoring of said minors. I acknowledge the care of minors is the responsibility of myself, the guardian, or the responsibility of designated adults or chaperones within the group.

I acknowledge that I have completely read and understand this document.

Date: \_\_\_\_\_ Event Name: \_\_\_\_\_

Participant(s) Printed Name(s): \_\_\_\_\_

Participant(s) Printed Name(s): \_\_\_\_\_

Legal Guardian Signature: \_\_\_\_\_