



WAIVER, RELEASE, AND INDEMNIFICATION

UPON CAREFUL READING AND CONSIDERATION, _____ (Print Name of Participant),
RECOGNIZES THAT SOME OF THE ACTIVITIES FOR WHICH HE/SHE DESIRES TO PARTICIPATE IN AT COVENANT HILLS CAMP &
RETREAT INHERENTLY CARRY THE RISK OF INJURY, IN ADDITION TO THE NORMAL RISKS ASSOCIATED WITH BEING AT CAMP
PROPERTY AND REGULAR ACTIVITIES. PARTICIPANT HAS ASKED TO PARTICIPATE AND ACKNOWLEDGES THE INHERENT RISK OF
INJURY AND HARM. BY SIGNING BELOW, IN CONSIDERATION OF, AND AS PART OF PAYMENT FOR THE RIGHT TO PARTICIPATE IN
ACTIVITIES ARRANGED AND PROVIDED FOR PARTICIPANT BY COVENANT HILLS CAMP & RETREAT, PARTICIPANT AGREES TO ASSUME
THE RISK OF PERSONAL INJURY, DEATH, AND PROPERTY DAMAGE ASSOCIATED WITH COVENANT HILLS CAMP & RETREAT ACTIVITY
PROGRAMS, AND TO RELEASE AND INDEMNIFY COVENANT HILLS CAMP & RETREAT, ITS OFFICERS, DIRECTORS, EMPLOYEES, AND
AGENTS FROM AND AGAINST ANY AND ALL LIABILITY FOR NEGLIGENCE AND COSTS IN CONNECTION WITH PARTICIPANT'S
PARTICIPATION IN ACTIVITY PROGRAMS AT COVENANT HILLS CAMP & RETREAT.

While Covenant Hills Camp & Retreat (CHC) does not want to frighten you or reduce your enthusiasm for these activities, CHC does
acknowledge and advise that it is important for participants to be informed and know in advance about inherent risks. You hereby
attest as follows:

By signing below, I acknowledge that I have asked to participate in the CHC activities, programs, and related events. Among others,
these activities include, but limited to, hiking, tubing, sledding, ropes course, climbing, zip line, archery, all waterfront activities,
playground equipment, outdoor and indoor play, horse/wagon rides, campfires and others, I understand that participation in these
activities is not without risk.

I understand that no activity program is absolutely safe and free of risk. I agree to assume full responsibility for myself and for my
family, including minor children. I expressly assume all risk and responsibility involving accidents sustained while participating in
activities and the program at CHC resulting from negligence on my part and that of my family or officers, directors, employees, and
agents of Covenant Hills Camp & Retreat.

I affirm that I am fully capable of participating in the activities and that my general health is good, and that I do not have any
conditions that might endanger the life or health of myself or others participating in camp activities. I affirm that I know of no
reason why I should not participate.

I understand the signature of the parent or guardian for a minor on this document is intended to have the parent or guardian be
bound and commit the parent or guardian to not take action on behalf of such minor child.

This ACKNOWLEDGEMENT & ASSUMPTION OF RISK, WAIVER, RELEASE AND INDEMNIFICATION liability release and indemnification
agreement shall legally binding upon my heirs, assigns, legal guardians, personal representatives, and myself. I have carefully read
this agreement and understand its contents. I am aware that I am releasing certain rights of my own free will that I otherwise may
have.

☐ Unless checked, I give my permission for the use of photographs and/or video including my son/daughter/myself to
be used in camp publicity.

PARTICIPANT SIGNATURE

PARENT OR GUARDIAN SIGNATURE (If participant is a minor)

DATE

PARTICIPANT AGE

PARTICIPANT GRADE

PARTICIPANT GENDER

PARENT/GUARDIAN PHONE NUMBER

PARENT/GUARDIAN EMAIL ADDRESS

HOME ADDRESS