



## 2018 Liability and Waiver Form

For:

### Liability Release and Parental Consent Form

In order for me, my child, or my ward to participate in United Church Camps, Inc., Moon Beach, Pilgrim Center and Camp AweSum ('Camps') camping programs, I hereby waive, release, and discharge any and all claims for damages for personal injury and property damages that may occur to me or my child from participating in any event sponsored or hosted by Camps. This release is intended to discharge in advance Camps, their officials, officers, employees, volunteers and agents from liability, even though that liability may arise out of perceived negligence on the part of persons mentioned above. I understand that some recreational activities involve an element of risk or danger of accidents, and knowing those risks, I hereby assume those risks. I further understand and agree that this waiver, release and assumption of risk is to be binding on my heirs and assignees.

I understand Camp AweSum, Inc. provides a camp experience for individuals on the autism spectrum and while Camp AweSum, Inc. strives to prevent aggression by registrants against themselves and others, not all risk can be predicted or eliminated. I assume all risks of injuries sustained by reason of the conduct of other registrants

### Consent for Treatment

I hereby consent to have me or my child treated by emergency medical personnel, a physician, or surgeon, in case of sudden illness or injury while participating in the above activity. I understand that Camps will not provide medical insurance for such treatment, and that the cost thereof will be at my expense.

This Agreement shall be governed by the laws of the State of Wisconsin.

### Consent and Signatory Acknowledgments

I have read and understood the foregoing registration liability release and parental consent form, and agree to all of its terms and conditions.

### Parental/Guardian Consent (Compete only if applicant is under 18 or a legal ward)

I hereby consent for my child or ward to participate in the Camps programs and activities, and I execute the above liability release on his/her behalf.

Name of child or ward

Date of Birth

Copies and electronic versions of this form shall carry the same legal authority as the original document

Signature \_\_\_\_\_ Date \_\_\_\_\_