

Waiver, Release, and Hold Harmless Agreement

I know that participating in Camp Living Stones' adventure programs can be potentially hazardous in nature. I assume all risks associated with participating in the adventure activities, including, but not limited to, broken bones, paralysis, and death, all risks being known and assumed by me. Having read this waiver and release and knowing these facts and in consideration of my participation in the adventure activities, I for myself, and anyone entitled to act on my behalf, waive and release Camp Living Stones, Incorporated, their Board of Directors, Officers, and successors from all claims and liabilities arising out of my participation in the adventure activities. I furthermore agree to hold the foregoing parties harmless from any injury that might result from my participation. I grant my permission to the foregoing parties to use any photographs, motion picture, recordings or any other record of this event for any legitimate purpose.

Date

Camp Dates

Phone Number

Participant with: (Church/Organization attending)

Home Address

Participant's Name (Print)

Participant's signature

Parent/Guardian signature (In addition to child's signature.)

PLEASE FILL OUT COMPLETELY.