



Waiver Form

Participant Information (print clearly)

Participant Name _____ Group Name _____

Full Address (city, state, zip) _____

Phone _____ Age, if under 18 _____

Any limitations to participation? (physical, medical, behavioral)

Any Allergies? (food, drug, environmental) _____

If food allergies: Mild / preference / guest can self-manage Moderate / guest can self-mange Serious / life threatening

Other participation concerns? _____

Emergency Contact _____ Relationship _____ Phone _____

Wisconsin statute ATCP 78.20 requires camps obtain name and home address of every participant including emergency contact information.

PLEASE READ CAREFULLY. THIS DOCUMENT AFFECTS YOUR LEGAL RIGHTS AND IS LEGALLY BINDING. BY SIGNING THIS AGREEMENT YOU ARE RELEASING COVENANT HARBOR BIBLE CAMP AND RETREAT CENTER (“COVENANT HARBOR”) FROM ALL LIABILITY AND FOREVER GIVING UP ANY CLAIMS THEREFORE.

Assumption of Risk

I, the above named participant (or in my legal capacity as the parent/guardian of named (“Minor”) participant) acknowledge and agree the participant that any use of Covenant Harbor’s facilities, services, equipment and premises (“Facilities”) and any participation in Covenant Harbor’s programs and activities, on or off site (“Programs”) comes with inherent risks including, but in no way limited to: (1) moderate and severe personal injury, (2) property damage, (3) disability, (4) death, and (5) sickness or disease. I, for myself or Minor voluntarily accept and assume full responsibility for these risks as well as any and all other risks of the use of Facilities and participation in Programs. I agree that I have full knowledge of the nature and extent of all such risks and am not relying on all such risks being described in this document.

Waiver, Release, Indemnification & Covenant Not to Sue

In consideration of the use of Facilities and participation in Programs I, the above named participant (or in my legal capacity as the parent/guardian of Minor), agree that Covenant Harbor, it’s officers, directors, agents, employees, volunteers, insurers and representatives (“Releasees”) will not be liable for any personal injury, property damage, disability, death, sickness or disease incurred by myself, my family members, dependents, or guests, including minors, however occurring including, but not limited to the negligence of Releasees. I understand that I will be solely responsible for any loss or damage, including personal injury, property damage, disability, death, sickness or disease sustained from the use of Facilities and participation in Programs.

I further agree the above named participant (or in my legal capacity as the parent/guardian of Minor), on behalf of myself and any and all legal successors and proxies, to release and **HEREBY DO RELEASE, WAIVE AND COVENANT NOT TO SUE** Releasees from any causes of action, claims, suits, liabilities or demands of any nature whatsoever including, but in no way limited to, claims of negligence, which myself or Minor, and any and all legal successors and proxies may have, now or in the future, against Releasees on account of personal injury, property damage, disability, death, sickness, diseases or accident of any kind, arising out of or in any way related to the use of Facilities or participation in Programs, whether that participation is supervised or unsupervised, however the injury or damage occurs, including, but not limited to the negligence of Releasees.

In further consideration of the use of Facilities and participation in Programs, I the above named participant (or in my legal capacity as the parent/guardian of Minor) agree to **INDEMNIFY AND HOLD HARMLESS** Releasees from any and all causes of action, claims, demands, losses, suits, liabilities or costs of any nature whatsoever, including claims of negligence, arising out of or in any way related to the use of Facilities and participation in Programs by myself, my family members, dependents or guests, including any minors.

Further, I do consent to any and all medical treatment that may be deemed necessary for the above named participant should he/she require such assistance. I agree that my insurance plan is the primary plan to pay for the medical, dental or hospital care or treatment that is given to the Participant. I agree to allow Covenant Harbor to transport Participant as needed and to use a photocopy of this form as my authorization when necessary. Covenant Harbor may use the Participant’s photo, films, digital images, videotapes and sound recordings in future promotional materials. I have read and voluntarily agree to the statements herein.

Participant Signature /Legal Guardian (if minor): _____

Printed Name: _____ Date: _____