

Special Event Waiver

Camps and Retreats

Participant Name: _____

Parent/Guardian (if under 18): _____

Event Name: _____

Event Date(s): _____

Waiver and Release of Liability

I understand that participation in the above-named event involves activities that may include physical exertion, risk of injury, and other hazards. I voluntarily assume all risks associated with participation. In consideration of my (or my child's) participation, I hereby release and hold harmless the camp/retreat organizers, sponsors, staff, and volunteers from any and all claims, liabilities, and damages arising from participation, including but not limited to injury, illness, or property damage.

Medical Consent

In the event of a medical emergency, I authorize the event organizers to secure medical treatment deemed necessary. I understand that I am responsible for any medical expenses incurred.

Emergency Contact

Name: _____

Phone: _____

Allergies or Medical Conditions

☐ I have read and agree to the terms and conditions of this waiver.

Participant Signature: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____