



# RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

Camp Name: Dry Creek Camp

Participant Name: \_\_\_\_\_

*Please read carefully.* In consideration of being permitted to **participate in a Florida College Camp**, an associated activity of The Hutchinson Bell, the parent(s) and/or legal guardian(s) of the minor participant named below agree:

1. The parent(s) and/or legal guardian(s) will instruct the minor participant that prior to participating in camp activities or events, he or she should inspect the facilities and equipment to be used, and if he or she believes anything is unsafe, the participant should immediately advise the officials of such condition and refuse to participate. I understand and agreed that, if at any time, I feel anything to be UNSAFE, I will immediately take all precautions to avoid the unsafe area and REFUSE TO PARTICIPATE further.

2. I/WE fully understand and acknowledge that:

- (a) There are risks and dangers associated with participation in camp events and activities which could result in bodily injury, partial and/or total disability, paralysis and death.
- (b) The social and economic losses and/or damages, which could result from these risks and dangers described above, could be severe.
- (c) These risks and dangers may be caused by the action, inaction or negligence of the participant or the action, inaction or negligence of others, including, but not limited to, the Releasees named below.
- (d) There may be other risks not known to us or are not reasonably foreseeable at his time.
- (e) Voluntary participation in activities such as **Caving, Gymnastics, Horse Back Riding, Mechanical Bull Riding, Rafting, Rifle Ranges/ Gun Use, Rock Climbing, Ropes Course, Skin/Scuba Diving, Trampoline Use, Tubing, Water Skiing & Zip Line** are excluded endorsements.

3. I/WE accept and assume such risks and responsibility for the losses and/or damages following such injury, disability, paralysis or death, however caused and whether caused in whole or in part by the negligence of the Releasees named below.

4. I/WE HEREBY RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE The Hutchinson Bell, the alumni and friends association of Florida College, including its volunteer directors, counselors, staff,

lessees of camp premises, premises and event inspectors, underwriters, consultants and others who give recommendations, directions, or instructions to engage in risk evaluation or loss control activities regarding any Florida College Camp facility or events held at such facility and each of them, their directors, officers, agents, employees, all for the purposes herein referred to as "Releasee"...

FROM ALL LIABILITY TO THE UNDERSIGNED, my/our personal representatives, assigns, executors, heirs and next to kin FOR ANY AND ALL CLAIMS, DEMANDS, LOSSES OR DAMAGES AND ANY CLAIMS OR DEMANDS THEREFORE ON ACCOUNT OF ANY INJURY, INCLUDING BUT NOT LIMITED TO THE DEATH OF THE PARTICIPANT OR DAMAGE TO PROPERTY, ARISING OUT OF OR RELATING TO THE EVENT(S) CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE RELEASEE OR OTHERWISE.

5. I/WE HEREBY acknowledge that THE ACTIVITIES OF THE EVENT(S) ARE VERY DANGEROUS and involve the risk of serious injury and/or death and/or property damage. Each of THE UNDERSIGNED also expressly acknowledges that INJURIES RECEIVED MAY BE COMPOUNDED OR INCREASED BY NEGLIGENT RESCUE OPERATIONS OR PROCEDURES OF THE RELEASEES.

6. EACH OF THE UNDERSIGNED further expressly agrees that the foregoing release, waiver, and indemnity agreement is intended to be as broad and inclusive as is permitted by the law of the Province or State in which the event is conducted and that if any portion is held invalid, it is agreed that the balance shall, notwithstanding continue in full legal force and effect.

7. On behalf of the participant and individually, the undersigned partner(s) and/or legal guardian(s) for the minor participant executes this Waiver and Release. If, despite this release, the participant makes a claim against any of the Releasees, the parent(s) and/or legal guardian(s) will reimburse the Releasee for any money which they have paid to the participant, or on his behalf, and hold them harmless.

I HAVE READ THIS RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND HAVE SIGNED IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT, ASSURANCE, OR GUARANTEE BEING MADE TO ME AND INTEND MY SIGNATURE TO BE COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.

Printed Name of Participant: \_\_\_\_\_

Printed Name Parent or Guardian (If under 18): \_\_\_\_\_

Participant Signature: \_\_\_\_\_

Parent or Guardian Signature (If under 18): \_\_\_\_\_

Date : \_\_\_\_\_

## PHOTO RELEASE

I hereby grant permission to Florida College Camp representatives, to take and use: photographs and/or digital images of **my child or myself** for use in news releases and/or Florida College promotional materials. These materials might include printed or electronic publications, web sites, or other electronic communications. I further agree that my child's or my own name and identity may be revealed in descriptive text or commentary in connection with the image(s). I authorize the use of these images without compensation to me. All negatives, prints, digital reproductions shall be the property of Florida College representatives.

Participant Signature: \_\_\_\_\_

Parent or Guardian Signature (If under 18): \_\_\_\_\_

Date : \_\_\_\_\_

FOR DIRECTOR USE:

Date Received: \_\_\_\_\_

Initial: \_\_\_\_\_

# Florida College Dry Creek Camp Medical Waiver

**Camper's Name (please print):** \_\_\_\_\_

This health history is correct and complete. Unless otherwise stated and noted in this document, the person named in this application has permission to engage in all Camp activities. I hereby give permission to the Camp to provide, seek, and consent to routine health care, administration of prescribed medications, and emergency treatment for my child, as necessary, including, but not limited to x-rays, routine tests and treatment, and/or hospitalization. I agree to release any records necessary for treatment, referral, billing, or insurance purposes. Further, I understand that this Medical Form will go with my child to any medical facility and be available to all attending personnel.

**Camper's Signature (all who are 18 or over):**

\_\_\_\_\_ Date: \_\_\_\_\_

**Parent's/Guardian's Name (please print):**

\_\_\_\_\_

**Parent's/Guardian's Signature:**

\_\_\_\_\_ Date: \_\_\_\_\_