

## Texas 4-H Youth Development Program HEALTH AND SAFETY STATEMENT

Check one: ☐ Youth ☐ Adult County: \_\_\_\_\_  
 Event: \_\_\_\_\_ Event Dates: \_\_\_\_\_

### Section I. Participant Information

First Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age \_\_\_\_\_ Gender: \_\_\_\_\_  
 Last Name: \_\_\_\_\_ Name of Physician: \_\_\_\_\_  
 Address: \_\_\_\_\_ Physician's Number: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_ Date of last physical exam: \_\_\_\_\_  
 Phone: \_\_\_\_\_

### Section II. Emergency Contact Information

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

### Section III. Health History (Check the appropriate answer and explain any YES responses.)

Have you had or do you currently have any heart problems (dates): \_\_\_\_\_ Yes ☐ No ☐  
 Do you frequently suffer from pains in your chest: \_\_\_\_\_ Yes ☐ No ☐  
*(NOTE: If you have any heart related problems you will need to have a physician's release.)*  
 Do you often feel faint or have spells of severe dizziness: \_\_\_\_\_ Yes ☐ No ☐  
 Has a doctor ever told you that you might have high blood pressure: \_\_\_\_\_ Yes ☐ No ☐  
 Are you a smoker: \_\_\_\_\_ Yes ☐ No ☐  
 Do you have arthritis, joint, or back problems that can be aggravated by exercise: \_\_\_\_\_ Yes ☐ No ☐  
 Have you had any operations or serious injuries (dates): \_\_\_\_\_ Yes ☐ No ☐  
 Do you have any chronic recurring illness or communicable diseases: \_\_\_\_\_ Yes ☐ No ☐  
 Are there any activities to be limited/discouraged by a physician's advice: \_\_\_\_\_ Yes ☐ No ☐  
 Are you allergic to any medications, food or food ingredients, insects, or pollens: \_\_\_\_\_ Yes ☐ No ☐  
 Do you have Epilepsy: \_\_\_\_\_ Yes ☐ No ☐  
 Do you have Diabetes: \_\_\_\_\_ Yes ☐ No ☐  
 Do you have any prescribed meal plan or dietary restrictions (explain) \_\_\_\_\_ Yes ☐ No ☐  
 Any other health related information for 4-H personnel to be aware of: \_\_\_\_\_ Yes ☐ No ☐

### Section IV: Medications (ALL medications must be in ORIGINAL container with ORIGINAL LABEL.)

Are there prescribed or over-the-counter medications currently being taken \_\_\_\_\_ Yes ☐ No ☐

### Section V. Insurance Information – Please provide a copy of your insurance card.

Do you carry family medical/hospital insurance? \_\_\_\_\_ Yes ☐ No ☐  
 Carrier: \_\_\_\_\_ Policy \_\_\_\_\_

### Section VI. Release of Participant (If minor)

I/We do hereby authorize the release of said minor child to the following person/people at the conclusion:  
 (please list all persons, including parents)

Further, I/We require that said minor child NOT be released to the following person/people at the conclusion of the activity:

### Section VII. Health and Safety Statement Certification

By signing below, I certify that my answers and statements are true and complete to the best of my knowledge and belief. I understand this information is confidential and is to be used only by AgriLife Extension Staff or designated Volunteers for health and safety reasons. I hereby consent to the use of this information for such purposes.

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_  
*Or guardian if participant is under the age of 18)*

# 2022-2023 TEXAS 4-H YOUTH DEVELOPMENT PROGRAM

Program Name

## CAMP & ENRICHMENT PROGRAM

### WAIVER, INDEMNIFICATION, AND MEDICAL TREATMENT AUTHORIZATION FORM

1. EXCULPATORY CLAUSE. In consideration for receiving permission to participate in any and all activities of Texas 4-H ("activity"), which is sponsored by Texas A&M AgriLife Extension Service and Texas 4-H Youth Development Program, ("sponsor"), a member of The Texas A&M University System, I hereby release, waive, covenant not to sue, and agree to hold harmless for any and all purposes sponsor, The Texas A&M University System, the Board of Regents for The Texas A&M University System, and their members, officers, agents, volunteers, or employees ("RELEASEES" or "INDEMNITEES") from any and all liabilities, claims, demands, injuries (including death), or damages, including court costs and attorney's fees and expenses, that may be sustained by me while participating in this activity, while traveling to and from the activity, or while on the premises owned, leased, or controlled by RELEASEES, **including injuries sustained as a result of the sole, joint, or concurrent negligence, gross negligence, negligence per se, statutory fault, intentional torts, or strict liability of RELEASEES.**
2. INDEMNITY CLAUSE. I am fully aware that there are inherent risks to myself and others involved with this activity, including but not limited to all events and activities, and I choose to voluntarily participate in this activity with full knowledge that the activity may be hazardous to me and my property, and to the person and property of others. I acknowledge there may be physically strenuous activities. I know of no medical reason why I should not participate. **I agree to indemnify and hold harmless INDEMNITEES from any and all liabilities, claims, demands, injuries (including death), or damages, including court costs and attorney's fees and expenses, which may occur to myself, other participants, and third-persons as a result of my participation and conduct in this activity, including injuries sustained as a result of the sole, joint, or concurrent negligence, gross negligence, negligence per se, statutory fault, intentional torts, or strict liability of INDEMNITEES.**
3. COVID-19. I expressly acknowledge the health risks and dangers associated with the transmission of the COVID-19 virus, and other communicable diseases, and recognize that exposure to the COVID-19 virus, or other communicable diseases, could occur while my child is in the care of sponsor. As such, and as additional consideration for participation in the activity, I understand the waiver and indemnity provisions in paragraphs (1) and (2) above apply to the possibility of COVID-19 community spread. I certify that prior to leaving my child in the care of the sponsor that my child: (a) has not been diagnosed or is suspected to have COVID 19, (b) does not have any of the coronavirus symptoms listed on the CDC's Symptoms of Coronavirus page, (c) has not in the past 14 days had close contact (less than six feet) with a person who has a lab-confirmed case of COVID-19, (d) has not in the past 14 days had close (less than six feet) contact with a person who is awaiting results of a COVID-19 test because of COVID-19 symptoms or exposure, or (e) in the past 14 days has not returned from international travel or traveled through an area with state or local restrictions that mandate quarantine upon arrival home. I also certify that each time I leave my child in the care of the sponsor, I have conducted a daily assessment on my child and that he/she is not exhibiting any of the above signs or symptoms of, or exposure to, COVID-19.
4. NO INSURANCE. I understand that RELEASEES do not maintain any insurance policy covering any circumstance arising from my participation in this activity or any event related to that participation. As such, I am aware that I should review my personal insurance coverage. Sponsor does not carry general liability insurance to cover claims arising from this activity so it seeks a waiver of claims as additional consideration for the right to participate so sponsor, a governmental unit of the State of Texas, can(a) provide the activity at the lowest possible cost to participants; and (b) provide access to a greater number of participants by expending limited resources on program materials rather than on liability insurance.
5. BINDS HEIRS. It is my express intent that this agreement shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representatives, if I am deceased, and shall be governed by the laws of the State of Texas.
6. MEDICAL AUTHORIZATION, INDEMNITY FOR MEDICAL EXPENSES, and WAIVER. I understand RELEASEES cannot be expected to control all of the risks associated with this activity and RELEASEES may need to respond to accidents and potential emergency situations. Therefore, I hereby give my consent for any medical treatment that may be required, as determined by a medical professional at the medical facility, during my participation in this activity with the understanding that the cost of any such treatment will be my responsibility. I agree to indemnify and hold harmless INDEMNITEES for any costs incurred to treat me, even if an INDEMNITEE has signed hospital documentation promising to pay for the treatment due to my inability to sign the documentation. I further agree to release, waive, covenant not to sue, and agree to hold harmless for any and all purposes, RELEASEES from any and all liabilities, claims, demands, injuries (including death), or damages, including court costs and attorney's fees and expenses, that may be sustained by me while receiving medical care or in deciding to seek medical care, including while traveling to and from a medical care facility, **including injuries sustained as a result of the sole, joint, or concurrent negligence, negligence per se, gross negligence, statutory fault, intentional torts, or strict liability of RELEASEES.**

7. **NO STRICT RULES OF CONSTRUCTION.** In the event of a dispute over the meaning or application of this agreement, it shall be construed fairly and reasonably and neither more strongly for nor against either party.
8. **VOLUNTARY SIGNATURE.** In signing this agreement I acknowledge and represent that I have read it, understand it, and sign it voluntarily as my own free act and deed; sponsor has not made and I have not relied on any oral representations, statements, or inducements apart from the terms contained in this agreement. I execute this document for full, adequate and complete consideration fully intending to be bound by the same, now and in the future. **For youth engaging in extracurricular activities:** I understand I can choose not to sign this document and free myself from its terms and the associated risks of the activity by simply not participating in the activity and choosing some other activity available to me that has a lower level of risk to me. I further understand this is a voluntary, extracurricular activity.

**SIGNING THIS DOCUMENT INVOLVES THE WAIVER OF VALUABLE LEGAL RIGHTS.  
CONSULT YOUR ATTORNEY BEFORE SIGNING THIS DOCUMENT.**

**In case of emergency, contact:** \_\_\_\_\_

**At the following number:** \_\_\_\_\_

**If the participant has medical insurance, please indicate:** \_\_\_\_\_

**Insurance Company:** \_\_\_\_\_ **Policy Number:** \_\_\_\_\_

**Name of Primary Policy Holder:** \_\_\_\_\_

**Please list any special service your child may require:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

SIGNED this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

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

**Printed Name:** \_\_\_\_\_

**Participant's Date of Birth:** \_\_\_\_\_

**Parent or Legal Guardian Signature:**  
(If participant is under 18 years old) \_\_\_\_\_

**Parent or Legal Guardian Printed Name:**  
(If participant is under 18 years old) \_\_\_\_\_

## Parent Guardian Authorization, Waiver, & Consent for Over-the-Counter Medication

Over-the-Counter (OTC) Medication may at times need to be administered, if approval is indicated by the youth's parent or guardian. Please complete the following section to save time if your child needs any of these OTC medications during her/his stay. Note: Unless we have parental authorization, we cannot administer ANY medications.

Participant Name \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ County \_\_\_\_\_ District \_\_\_\_\_  
 Name of Event Attending \_\_\_\_\_ Event Date(s) \_\_\_\_\_

Please check the OTC medications that may be administered while your child is attending the event, if needed.

<input type="checkbox"/>	Ointments for minor wound care, first aid (Antiseptic, anti-itch, anti-sting, antibiotic, sunburn) as directed.	<input type="checkbox"/>	Milk of Magnesia, Pepto Bismol, or Mylanta for upset stomach or nausea as directed.
<input type="checkbox"/>	Tylenol/Acetaminophen as directed	<input type="checkbox"/>	Calamine lotion for bug bites and poison ivy
<input type="checkbox"/>	Ibuprofen as directed	<input type="checkbox"/>	Micatin or anti-fungus treatment as directed for athlete's foot
<input type="checkbox"/>	Kaopectate or Imodium for diarrhea as directed	<input type="checkbox"/>	Visine or other eye drops for minor eye irritation
<input type="checkbox"/>	Rolaids or Tums for acid reflux, heartburn, or indigestion as directed	<input type="checkbox"/>	Actifed or Sudafed as directed for nasal congestion or allergy relief as directed
<input type="checkbox"/>	Benadryl for swelling, hives, allergic reaction, as directed	<input type="checkbox"/>	Throat lozenges and/or spray as directed for sore throat
<input type="checkbox"/>	Medicated powder for skin irritation as directed	<input type="checkbox"/>	Swimmer's ear drops as directed
<input type="checkbox"/>	Hydrocortisone ointment as directed for mild skin irritations, poison ivy, and insect bites	<input type="checkbox"/>	Bug repellent
<input type="checkbox"/>	Robitussin or other cough syrup as directed	<input type="checkbox"/>	Sunscreen
<input type="checkbox"/>	Other (list any other approved OTC drugs): _____		

Program staff reserve the right to use generic equivalents when available for the name brand over-the-counter medications listed above. I understand that such administration will not be done under the supervision of medical personnel. I also agree that any first aid treatment may be given as needed. I understand that these over-the-counter medications are not necessarily kept on hand and available to be administered immediately.

Any condition which is associated with fever, significant inflammation, and/or does not respond to the above outlined treatment will be followed-up by a consultation with the student's parents. Parent/guardian will be contacted if any conditions develop requiring treatment with any of the above over-the-counter medications that are not checked.

I authorize the administration of over-the-counter medications to my child as indicated above. I shall indemnify and hold harmless for any all purposes program staff, The Texas A&M University System, the Board of Regents for the Texas A&M University System, Texas A&M University, Texas A&M AgriLife Extension, the Texas 4-H Youth Development Program and their members, officers, servants, agents, volunteers, or employees (RELEASEES) against any claims that may arise relating to my child being administered the above indicated over-the-counter medications **including injuries sustained as a result of the sole, joint, or concurrent negligence, negligence per se, statutory fault, intentional torts, or strict liability of RELEASEES.**

I/We have legal authority to consent to medical treatment for the participant named above, including the administration of medication at the program hosted by/at Texas A&M AgriLife Extension.

Parent/Guardian Name \_\_\_\_\_  
 Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Participant: \_\_\_\_\_ Food Allergy (if applicable): \_\_\_\_\_ Medication (*Listed Below*)

All medication to be administered must comply with the following guidelines:

1. **All medication, including over-the-counter, must be in the original container.** All prescription medication must be in the participant's name. Sharing of prescription medication is not allowed. Inhalers must be accompanied by the prescription label.
2. All medication must be accompanied by this dated medication authorization form signed by the parent / legal guardian.
3. Please include instructions for over the counter medications.
4. **All medication, including over-the-counter, will be given ONLY as directed on the label.**
5. If there has been a change in the dosage, please send a note from the participant's doctor reflecting the change.

List all medications your child will be taking. **Prescriptions will be given as directed on the label.**

Medication	Dosage	Time to be given	Special instructions	Staff use only, please do not write here.						

By signing below, I certify that the information is true and complete. I understand this information is confidential and is to be used only by AgriLife Extension Staff or designated Volunteers for health and safety reasons. I hereby consent to the use of this information for such purposes.

Parent/Guardian Name \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_



# LAKE TOMAHAWK CHRISTIAN RETREAT CENTER

408 Lake Tomahawk Rd., Livingston, Texas 77351-9510  
800.522.6720 • 936.563.4644 • 936.563.4630 (Fax)  
www.laketomahawk.org

**2022**

## ADULT REGISTRATION MEDICAL / LIABILITY RELEASE FORM

**INSTRUCTIONS:** Complete the Registration form in its entirety. All requested information is applicable. Type or print legibly in Dark Ink.

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name: \_\_\_\_\_  
First Middle Last (indicate name used)

Address: \_\_\_\_\_  
Street City State Zip

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age Now: \_\_\_\_ Sex: (M/F) \_\_\_\_ Social Security No.: \_\_\_\_\_  
Mo. Day Year (SS # not required but needed in case of admittance to hospital.)

Phone Number: Daytime: (\_\_\_\_) \_\_\_\_\_ Evening: (\_\_\_\_) \_\_\_\_\_ Other: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_ Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Name of Church or Group with whom you are attending: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

### MEDICAL INFORMATION

In the event of an accident or special health needs, it will be necessary for us to have the requested information. Please make certain that you have provided thorough and accurate medical information.

Medications you take for current medical condition (asthma, allergies, etc.)

Medications you take occasionally (headaches, etc.)

Do you plan to bring these or any other medications to camp with you?  
☐ YES ☐ NO

Health Information: Do you have, or have you had

Recent Serious Injury? ☐ YES ☐ NO

Recent Surgery? ☐ YES ☐ NO

Chronic Medical Condition? ☐ YES ☐ NO

Other Health Concerns? ☐ YES ☐ NO

If YES to any of the above, please describe:

Special Diet? \_\_\_\_\_

Date of last Tetanus Shot? \_\_\_\_\_

Allergies: Food? \_\_\_\_\_ Drugs? \_\_\_\_\_

Insect Stings/Bites? \_\_\_\_\_ Other? \_\_\_\_\_

Person to Notify in Event of Emergency: \_\_\_\_\_ Relationship to You: \_\_\_\_\_

Phone Number of Contact Person: Daytime (\_\_\_\_) \_\_\_\_\_ Evening (\_\_\_\_) \_\_\_\_\_ Other (\_\_\_\_) \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Medical Insurance Co.: \_\_\_\_\_ Plan or Group #: \_\_\_\_\_

Insured ID or Member #: \_\_\_\_\_ Ins. Co. Phone #: (\_\_\_\_) \_\_\_\_\_

*It is recommended that you attach a photocopy of your family medical insurance card.*

### PASTOR, STAFF, GROUP DIRECTOR STATEMENT

(State Law Requirement)

The person above is known by me. To my knowledge, this person has not been convicted of any crimes committed against minors in his/her back-ground. I assume full responsibility for this person serving as a camp sponsor working with minors.

X \_\_\_\_\_  
Signature of Pastor, Staff Member, or Group Director Date

**IMPORTANT... SEE ADDITIONAL PAGES FOR MANDATORY RELEASE and CAMP RULES** 



## CAMP RULES

1. **All medications are to be listed on the Registration/Medical Release form. All medications must be in original bottle and/or container. Students are not to share any medications, including over-the-counter medications.**
2. Students are not permitted to remain in their dorm rooms without adult supervision.
3. Prank supplies are not allowed (e.g. shaving cream, body paint, water balloons, water guns/blasters, flour, confetti, silly string, etc.). There are no exceptions.
4. At no time is a student to go to the lake without adult supervision. No one is allowed in the water at any time other than during specified waterfront times approved by LTCRC and in specified waterfront areas under LTCRC lifeguard supervision. Lifejackets are required for certain lake-front activities, regardless of a person's age or water safety ability.
5. No one is allowed on the ropes course ( Tower or any part of the Zip line or Poles) at any time other than during specified ropes course times approved by LTCRC and under LTCRC supervision.
6. Drugs, alcohol, any form of tobacco, firearms, knives, or any kind of weapon, or fireworks are NOT allowed.
7. Campers are expected to reflect a Christian example by their dress. Shorts can be worn to worship but must be longer than the arm and hand when extended down the side of the person. Modest skirts and dresses are acceptable in worship, and jeans are always acceptable. Immodest shorts or tops, spaghetti strap tops, distasteful designs or messages, and other extreme clothes are not acceptable at any time. Only one-piece swimsuits are allowed. Bikinis, French cut or one piece resembling two-piece swimwear will require a dark colored t-shirt to be worn over them. Campers may be asked to change their attire if an adult feels their dress is inappropriate. SHOES MUST BE WORN AT ALL TIMES.
8. Refrain from Public Display of Affection with others.
9. Under NO circumstances are girls to be in guys rooms or guys in girls rooms.
10. No fighting is allowed.
11. Students are to respect all adult leaders and follow their instructions. All adults—members of LTCRC leadership team, church leadership teams, and adult volunteers—are in places of authority over all students. They have been trained in how to guide students for each particular event.
12. Everyone must attend all scheduled events. If your group is in an activity, whether in the classroom or on the athletic field, you must be with them.
13. Campers MUST be in the dorm by designated camp curfew. Your curfew is for your security and for your mental and physical well-being.
14. Guests are not allowed to bring pets on campus.

## AGREEMENT TO PARTICIPATE AND RELEASE OF LIABILITY

SAN JACINTO BAPTIST ASSOCIATION d/b/a LAKE TOMAHAWK CHRISTIAN RETREAT CENTER hereinafter referred to as the "Camp" or "LTCRC" requires signatures below for all attendees of the Camp and all participants in any Camp activity.

Attendance and Activities at Camp may include warm-ups, games, group initiative challenges, and/or other rigorous physical adventure activities as well as exposure to the elements, including animals, snakes and insects. Camp takes all reasonable precautions to ensure you have a safe and enjoyable experience. Part of the experience can be physically demanding and include varying levels of stress and anxiety, not all of which can be foreseen. The decision to attend the Camp and the decision to participate in any Camp activity at any level is at all times completely up to the camper, with permission, or the adult attendant. If there is attendance at the Camp and participation at any level in any Camp activity, there is a risk, which must be assumed by each Camper, with permission, and/or Attendee participating in the Camp activity. Depending on the programming designed by your Church or Group Sponsors, the Camp activities may include some or all of the following rigorous physical activities:

### Waterfront:

Water Crafts, including canoes and paddle boats, Swimming, Water Toys, including but not limited to Waterslides, Water trampoline, Climbing structures and the Blob. Access to some of these water toys includes climbing heights anywhere from 12 feet to 25 feet. Access to the Wet Willy slide requires climbing the tower stairs, which extend 25 feet above the ground. The Blob climbing tower is 17 feet above the water.

While the Camp provides life jackets and/or vests for all waterfront activities (with the exception of the swimming area for those swimmers demonstrating sufficient swimming proficiency as determined by the Camp) as well as certified lifeguards during all scheduled waterfront activities, inherent risks associated with participation in waterfront activities in any natural body of water range from minor bruises and scrapes to severe and potentially paralyzing injuries, including death.

### Rock Climbing Walls and Ziplines:

As a component of the Camp's Challenge Course, two rock climbing walls may be used as a component of your Church or Group's programming. These rock climbing walls permit campers and adult participants to climb to heights of 40 feet above the ground. Rock climbing harnesses and spot-ers will be utilized during this activity. In addition, Ziplines extending 900 feet over the lake require climbing a tower 55 feet high before ziplining across a portion of the lake to the endpoint, 12 feet above the ground. The Ziplines and Rock climbing walls are supervised by certified camp instructors and appropriate harnesses and equipment will be utilized on the ziplines.

While the Camp provides appropriate safety equipment and certified staff during all scheduled rock climbing and ziplining activities, inherent risks associated with participation in rock climbing and ziplining activities may range from minor bruises and scrapes to severe and potentially paralyzing injuries, including death.

### Recreational Sports and Outdoor Activities:

Additional programming by your Church or Group may include camp activities including Backpacking, Camping, Basketball, Football, Baseball, Softball, Volleyball, and any and all other camp and recreational sports, activities and games. Your participation in said recreational sports and activities is at your own risk. While unlikely, risks associated with participation in said activities range from minor bruises and scrapes to severe and potentially paralyzing injuries, including death.

**IMPORTANT... SEE ADDITIONAL PAGE FOR MANDATORY RELEASE and SIGNATURE:**





**AGREEMENT TO PARTICIPATE AND RELEASE OF LIABILITY (Continued)**

In order to participate in each of the three categories of Camp activities described above, your consent to release the Camp from any liability, including liability as a result of the Camp's own negligence, is required by the adult participant or the parent or legal guardian of a minor participant. Absent completion of all documentation, participation in Camp activities is prohibited.

**"I UNDERSTAND THAT ATTENDANCE AT THE CAMP AND PARTICIPATION IN ANY CAMP ACTIVITY MAY BE PHYSICALLY AND EMOTIONALLY DEMANDING. I RECOGNIZE THE INHERENT RISK OF PHYSICAL AND/OR EMOTIONAL INJURY OF ATTENDING CAMP AND PARTICIPATING IN ANY AND/OR ALL CAMP ACTIVITIES. I UNDERSTAND THAT EACH PARTICIPANT MUST ASSUME THE RISK OF ANY INJURY, PHYSICAL AND/OR EMOTIONAL, AND ANY FINANCIAL RESPONSIBILITY THAT COULD RESULT FROM ATTENDING CAMP AND PARTICIPATING IN ANY CAMP ACTIVITY. I AGREE TO ASSUME SUCH RISKS AND SUCH RESPONSIBILITY. I, ON MY BEHALF, AND ON BEHALF OF MY HEIRS AND ASSIGNS, HEREBY RELEASE, DISCHARGE, INDEMNIFY AND HOLD LTCRC HARMLESS FROM ANY AND ALL CLAIMS, PHYSICAL AND EMOTIONAL, INCLUDING BODILY INJURY, I SUSTAIN IN CONNECTION WITH MY ATTENDANCE AT CAMP AND MY PARTICIPATION IN ANY AND ALL CAMP ACTIVITIES, INCLUDING WATERFRONT ACTIVITIES, ROCK CLIMBING AND ZIPLINING AND/OR RECREATIONAL AND OUTDOOR ACTIVITIES. SPECIFICALLY, I HEREBY INTEND TO FULLY RELEASE, DISCHARGE, INDEMNIFY AND HOLD LTCRC, ITS OWNERS, OPERATORS, MEMBERS, MANAGERS, EMPLOYEES, TRUSTEES, INSURERS AND STAFF HARMLESS FROM ALL SAID CLAIMS OR INJURIES, INCLUDING DEATH, WHETHER KNOWN OR UNKNOWN, TEMPORARY OR PERMANENT, ARISING OUT OF LTCRC'S OWN NEGLIGENCE, BREACH OF DUTY, MISREPRESENTATIONS, NEGLIGENCE OR OTHERWISE, AND/OR ARISING OUT OF THE CONDITION OF ITS PREMISES."**

I understand the directors of Lake Tomahawk Christian Retreat Center reserve the right to dismiss, without refund, any participant whose influence is detrimental to the operation of the camp, as determined by the discretion of the directors. I understand that the use of alcohol, tobacco products, and illegal drugs is strictly prohibited at all Lake Tomahawk Christian Retreat Center programs.

**RELEASE OF PHOTOGRAPHS, VIDEO, AUDIO AND RELATED MEDIA FORMATS TO CAMP:**

Please acknowledge your release of the Camp to photograph and/or use photographs of you in its publications, advertising, promotional purposes, internet, and/or visual presentations which inform people of the services and activities of Camp. Please mark the appropriate box:

☒ Permission Granted

☐ Permission Denied

**REQUIRED SIGNATURE:**

The signature provided confirms I have read the Camp Rules, the Agreement to Participate and Release of Liability, the Release of Photographs, Video, Audio and Related Media Formats (or had someone read them to me) and freely and voluntarily agree to the terms and conditions of this Release in order to participate in any and all Camp Activities unless specified above. I acknowledge the information I have given is correct to the best of my knowledge. Furthermore, I give permission for Lake Tomahawk Christian Retreat Center staff to provide and authorize any medical treatment necessary.

X \_\_\_\_\_  
Required Participant Signature

\_\_\_\_\_  
Print Name Clearly

\_\_\_\_\_  
Date