LIABILITY RELEASE FORM – ADULT

THIS FORM IS NULL AND VOID IF ALTERED

Group Name Central California District

Name _____
Last First Middle Initial

Address _____
Number and Street City and State Zip

Phone (H):_____(W)_____(C) _____

Email (**Print**) _____

In Emergency, notify:_____Relationship:_____Phone: _____

AUTHORIZATION AND LIABILITY RELEASE AGREEMENT

I, the undersigned ("Participant"), hereby enter into this authorization and liability release agreement ("Agreement"), in order for and IN CONSIDERATION OF being able to participate in any Hartland Christian Camp (HCC) -related activities ("Activities") of HCC. Activities include, but are not limited to, those occurring at HCC facilities, swimming, sports, games, eating, religious activities, strenuous physical activity, physical contact with other participants, basketball, bike jump, boating, climbing, disc golf, dodgeball, hiking, lifting, night games, paintball, playground, ropes course, swing, tube run volleyball, walking, zipline, and other seasonally related sports/games and activities, including travel to, from and during the activity.

Participation in any HCC activity can be physically and mentally intense. I understand the rules of play and will comply with all rules and regulations. If I observe any unusual or unnecessary hazard during my participation, I will bring such to the attention of the nearest official as soon as practical.

DISCLAIMER, ASSUMPTION OF RISK AND WAIVER: I acknowledge that participation in the Activities involves risk to myself and may result in various types of injury including, but not limited to, sickness, including possible exposure to and illness from infectious diseases, bodily injury, death, emotional injury, personal injury, property damage and financial damage. **I VOLUNTARILY ASSUME ALL SUCH RISKS, INCLUDING RISKS KNOWN AND UNKNOWN, OF INJURIES AND/OR ILLNESSES, HOWEVER CAUSED, EVEN IF CAUSED IN WHOLE OR IN PART BY THE ACTION, INACTION, OR NEGLIGENCE OF HCC AND ITS AGENTS, EMPLOYEES, VOLUNTEERS, OFFICERS, DIRECTORS, MEMBERS, AND OTHER REPRESENTATIVES ("RELEASEES") TO THE FULLEST EXTENT OF THE LAW.**

I HEREBY RELEASE, DISCHARGE AND AGREE TO HOLD HARMLESS, to the fullest extent permitted by law, Releasees, from any and all liability, claims, demands, costs, expenses and compensation arising out of or in any way related to any injury and/or illness or other damage that may result to myself or to members of my family, household, or individuals I invite or for whom I am otherwise responsible while participating in or present at any of the Activities, **WHETHER ARISING FROM THE NEGLIGENCE OF RELEASEES OR OTHERWISE**.

SCOPE: I further acknowledge and accept that Agreement is intended to be as broad and inclusive as permitted by law and agree that if any portion of this Agreement is deemed to be invalid, the remainder will continue in full legal force and effect.

EMERGENCY AUTHORIZATION:
I hereby authorize HCC and its agents, employees, and volunteers, and the above identified emergency contact to consent to medical, surgical or dental examination and/or treatment, including, but not limited to, X-ray examination, anesthesia, injections, and hospitalization as deemed necessary.

PHOTO/VIDEO CONSENT AND RELEASE:
I hereby assign and grant Releasees the right and permission to use, display, and publish photographs, video, electronic representations, and sound recordings made of me during Activities, and I hereby RELEASE Releasees from any and all liability from such use and publication. I specifically WAIVE all rights to compensation and approval for any of the foregoing.

CONSENT TO DISCLOSURE OF MEDICAL CONDITION:
To provide proper care and supervision, and to ensure the health and safety of the participants and staff of HCC, it will occasionally be necessary to disclose my medical condition to those who have a need to know in order to take proper precautions and/or provide treatment. By signing this form, I consent to disclosure of my medical condition to HCC employees, volunteers, officers, directors, and agents, as well as to third parties who may be affected or have a reasonable basis to know, including, but not limited to, parents, children, medical providers, first responders, participants, hosts, facilities managers, and those with whom contact is foreseeable.

RESPONSIBILITY TO KEEP HCC INFORMED:
If any of the information I have provided on this form changes, I agree to promptly inform HCC of such changes, and sufficiently in advance for HCC to be aware of such changes and reasonably take any action necessary prior to my participation in any Activities. **I also agree to immediately inform HCC if I have been exposed to any communicable diseases prior to arriving at Camp.**

I REPRESENT THAT ALL INFORMATION I HAVE PROVIDED IS COMPLETE AND ACCURATE, ESPECIALLY REGARDING MY MEDICAL CONDITION AND ACTIVITY RESTRICTIONS. I HAVE READ ALL OF THE FOREGOING, FULLY UNDERSTAND THE TERMS OF EACH, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY MY SIGNING THIS FORM AND AGREEING TO THESE TERMS, AND AGREE TO THESE TERMS FREELY AND VOLUNTARILY AND WITHOUT INDUCEMENT.

_____ _____
Signature of Participant Date

Print Full Name: _____