LIABILITY RELEASE FORM – MINOR

THIS FORM IS NULL AND VOID IF ALTERED

Group Name Central California District

Name of Minor _____ Birthdate ____/____/____
Last First Middle Initial

Address _____
Number and Street City and State Zip

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

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

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

In Emergency, notify: _____ Relationship: _____ Phone: _____

AUTHORIZATION AND LIABILITY RELEASE AGREEMENT

I, the undersigned, represent and acknowledge that I am the parent or legal guardian of the minor named on this form ("Minor"), and that I am authorized on behalf of myself, Minor and our heirs, assigns and next of kin, to hereby enter into this authorization and liability release agreement ("Agreement"), in order for and IN CONSIDERATION OF Minor 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.

DISCLAIMER, ASSUMPTION OF RISK AND WAIVER: I acknowledge that participation in the Activities involves risk to the Minor 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. ON BEHALF OF THE MINOR, 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 Minor 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 this Agreement is intended to be as broad and inclusive as permitted by law and agree that if any portion of the 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. I authorize HCC and its agents, employees, and volunteers to give the Minor the following over-the-counter medications, and any other prescribed medication, as directed by the labels provided by the manufacturer: Analgesics (such as ibuprofen or acetaminophen), antihistamines (such as Sudafed, Benadryl), antibiotic ointment, hydrocortisone cream (such as Cortaid), electrolyte replacement fluids, antiseptic skin and wound cleansers, analgesic balms or gels, and sunscreens. **I do <u>not</u> consent to the following medications being administered to Minor (if applicable):** _____.

PHOTO/VIDEO CONSENT AND RELEASE:
I hereby assign and grant Releases the right and permission to use, display, and publish photographs, video, electronic representations, and sound recordings made of Minor during Activities, and I hereby RELEASE Releases 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 Minor proper care and supervision, and to ensure the health and safety of the youth and staff of HCC, it will occasionally be necessary to disclose Minor's 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 Minor's 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 with Minor 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 minor's participation in any Activities. **I also agree to immediately inform HCC if Minor is or has 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 MINOR'S 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 I SIGN THIS FORM FOR MYSELF AND ON BEHALF OF MINOR AND AGREE TO THESE TERMS FREELY AND VOLUNTARILY AND WITHOUT INDUCEMENT.

_____ _____
Signature of Parent/Legal Guardian Date

Print Full Name: _____ Relationship to Minor: _____