



**RELEASE & WAIVER OF LIABILITY, ASSUMPTION OF RISK & INDEMNITY
AND PARENTAL CONSENT
(MINOR UNDER 18 YEARS)**

BGYFL requires a signature for all attendees of the Camp. A signature of a parent or guardian is required if the participant is less than eighteen (18) years of age.

ASSUMPTION OF RISK & INDEMNITY: I, _____, parent/guardian/caretaker for

PRINTED PARENT/GUARDIAN/CARETAKER NAME PRINTED

MINOR'S NAME Acknowledge, appreciate, that **IN CONSIDERATION** of attending Camp agree that

attendance and activities may include, but are not limited to ropes course, archery, swimming, strenuous competition games, night games, frisbee, volleyball, football, soccer, baseball, horseshoes, and other related sports and activities. I also understand that during the participation at Camp, he/she may be exposed to a variety of risks and hazards, foreseen and unforeseen, which cannot be eliminated without fundamentally altering the unique character of the program. Those hazards include, but are not limited to, hiking/walking/running outside; snakes, insects, and large-animals; sunburn and heatstroke, dehydration, hypothermia and other mild or serious conditions or injuries; falling and rolling rock; drowning; lightning and unpredictable forces of nature (including weather that may change to extreme conditions without notice), etc. I acknowledge that participation is entirely voluntary, and I agree to assume full responsibility for the risks that participation may entail on behalf of the minor.

WAIVER OF LIABILITY: I, for myself and on behalf of my heirs, assigns, personal representative and next of kin, HEREBY RELEASE AND HOLD HARMLESS BGYFL and CAMP, ("releases"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss of damage to person(s) or property, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEE OR OTHERWISE, except that which is the result of gross negligence and/or wonton misconduct.

I HAVE READ AND VOLUNTARY SIGN THIS RELEASE AND WAIVER OF LIABILITY AND ASSUMPTION OF RISK AND INDEMNITY, and fully understand its terms and signs it freely and voluntarily without any inducement.

Parent/Guardian/Caretaker's Signature: _____ **Date:** ____/____/____

Parent/Guardian/Caretaker's Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Best Phone Number to reach in an emergency: (____) _____ **Email:** _____

MEDICAL TREATMENT: I hereby consent and authorize that if, during my child's participation in activities at Camp, should need emergency medical treatment and I (the parent/guardian/caretaker) am not able to give consent or make arrangements for that treatment, I authorize the administration of any/all medical treatments advisable or necessary under the judgement of camp personnel, emergency room physicians or any other clinical physicians to take whatever measures necessary to protect my child's health and well-being, including if necessary, hospitalization.

PUBLICITY AUTHORIZATION: I hereby grant my permission, both during and any time after, to use my child's likeness, name, words, photograph, audio- or video-recording for print, radio, television, internet content, social media, marketing or any other medium for the purpose of advertising and/or communicating the purposes and activities of Camp and/or applying for funds to support those purposes and activities.

BEHAVIOR: As the guardian of said minor I, understand that my child's behavior at Camp must comply with Camp's Behavior Compliance Policy and Camp Rules.

Parent or guardian must read this form and sign below:

This is to certify that I, as a parent/guardian/caretaker with legal responsibility for this child. By signing, I am saying that agree to all of the provisions of outlined on this release and consent and agree not only to his/her release of Tonto Creek Camp and all other releases, but also to release and indemnify the Releases from any and all liabilities incident to his/her involvement in these programs for myself, my heirs, assigns and next of kin.

Print Name _____ Relationship to Child _____
Signature _____ Date ____/____/____