

Camp Discovery

Release of Liability and Media Consent ("Release")

Camp Discovery ♦ 208 Claude Bundrick Road ♦ Blythewood, SC 29016

Website: www.campdiscoverysc.org ♦ Email: contactus@campdiscoverysc.org



Participant _____ Student Teacher Chaperone Guest
Parent Name (for participant under the age of 18) _____
Address _____ City _____ State _____ Zip _____
Email Address _____ Phone # _____
School/Event _____ Teacher/Organization _____

Legal Disclosure, Release, Indemnity and Waiver of Liability: Read Carefully Before Signing

Safety is our first priority. We take every step to create the safest environment possible at Camp Discovery. However, certain risks do apply. Please read below carefully.

I, individually, and as the parent/legal guardian of the above participant (as applicable), for and in consideration of my and/or the participant's participation in a program under the supervision of, or on the property of, Camp Discovery now or in the future ("Participation"), hereby voluntarily agree to accept any and all risks associated therewith and, in furtherance thereof, agree to forever indemnify, hold harmless, waive, release and covenant not to sue (the "Indemnity and Release") Camp Discovery and its board, employees, agents, representatives, coaches, volunteers, insurers, and representatives from any and all liability for any claim which I, any other parent or legal guardian, any sibling, the participant, or any other person or entity may have or claim to have, known or unknown, directly or indirectly, for any losses, damages, injuries or death which may arise out of, result from, or relate to said Participation including, but not limited to, negligence, omissions, or fault by or on behalf of Camp Discovery.

This Indemnity and Release expressly includes any activity related to or occurring during any Camp Discovery program or on the property of Camp Discovery and responsibility for any loss, damages, or personal injuries that you or the Participant may incur. I understand that there are some risks inherent in said Participation, but willingly assume these risks in order to participate. I also agree to instruct the Participant to follow all instructions and procedures in order to maintain a maximum level of safety. I give my permission for any emergency medical care or treatment by a physician, surgeon, hospital, or medical care facility that may be required as determined by Camp Discovery in its discretion, and further agree to indemnify and hold Camp Discovery harmless for the nature, performance, and outcome of any such emergency medical treatment.

We respect your privacy. By signing, you understand that while participating, the media and/or Camp Discovery may take photos, video, or audio of Participants in action and you grant permission to Camp Discovery to use the images/voice of said participant in news and promotional material, unless otherwise noted in limitations below.

LIMITATIONS: If the participant has any limitations/medical/allergies/behavior precautions which affects full participation in activities, or you do not wish to allow photos or video of said participant to be used, please note:

MISCELLANEOUS: This Release shall be binding upon and enforceable against me, my personal representatives, spouse, successors and assigns, heirs, and next of kin without limitation. It is my desire and intent that the terms, provisions, covenants, and remedies contained in this Release shall be enforceable to the fullest extent permitted by applicable laws, ordinances, statutes, rules, and regulations. If any portion of this Release is held invalid, the remainder shall not be affected and shall continue in full legal force and effect. That shall include modifying the Release to allow any remaining claims to be waived, released, and indemnified against in the event that the inclusion of any particular provision is found to be invalid or contrary to public policy. The terms of this Release and Waiver shall continue from this date forever. This document constitutes the entire agreement between Camp Discovery and me and supersedes any previous or contemporaneous discussions or agreements between us in respect of the matters covered hereby. All matters arising out of or relating to this Release shall be governed by and construed in accordance with the internal laws of the State of South Carolina without giving effect to any choice or conflict of law provision or rule (whether of the State of South Carolina or any other jurisdiction).

I have reviewed and read this agreement and understand its terms. My signature below is voluntary. By signing this Release, I hereby acknowledge and agree to the above terms and certify that I am of full legal capacity to execute this authorization.

Signature of Participant or Legal Guardian (if Participant is under 18)

Date