



Program & Volunteer Release Form

All guests and all parents or guardians of any guest who is a child (under 18) that wishes to participate in any program or activity must complete the following program and volunteer release form before guest or their child may begin the activity.

Personal Information

Participant's Name: _____ Age: _____ Male Female

Email: _____ Phone Number: _____

Address

Street: _____ City: _____ State: _____ Zip: _____

Program or Event Information

I agree for myself or for my child to participate in any Program or Event sponsored by Camp Chippewa both on site or off-site. Programs include but are not limited to: horseback riding, hike, canoeing, archery, low ropes, challenge course, work projects, special events, wagon rides, fishing, gaga ball.

Release/Disclaimer

I do hereby assume full responsibility for any and all damages, injuries (including death), or losses that may be sustained or incurred, if any, while attending, practicing, participating, or witnessing any activity, program, sport, or physical activity occurring in or about Camp Chippewa premises or any offsite location. I hereby assume full risk, waive all claims, and release and hold Great Plains United Methodists Camps, Inc. DBA Camp Chippewa, its instructors, or partners of said program or event, individually or otherwise, harmless for any and all claims for injuries or damages.

I am fully aware and understand that Camp Chippewa does not have on or about the premises, an employ or contact with any medical services, provisions, for ordinary and/or emergency medical services.

In consideration of mine or my child's participation in and the use of Camp Chippewa's facilities, I hereby release and covenant not to sue the institution, its owners, shareholders, director, officers, employees, representatives, agents, and lessees from any and all claims resulting from any physical injury that may occur to myself or my child while participating in any program or event sponsored by Great Plains United Methodist Camps, Inc. DBA Camp Chippewa.

I have read and fully understand the above release/waiver and fully understand that I have given up substantial rights by signing this waiver voluntarily.

Parents or guardians must sign if applicant is under 18

Participant's Name (print): _____ Date: ____/____/____

Participant's Signature: _____ Date: ____/____/____

Parent/Guardian's Name (print): _____ Date: ____/____/____

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