



## Adult & Child (minor) – Participant/Volunteer Release: Waiver of Liability & Indemnity Agreement

**PLEASE READ CAREFULLY. THIS DOCUMENT affects YOUR LEGAL RIGHTS AND IS LEGALLY BINDING. BY SIGNING THIS AGREEMENT, YOU ARE RELEASING MARANATHA BIBLE CAMP & RETREAT CENTER FROM ALL LIABILITY AND FOREVER GIVING UP ANY CLAIMS, THEREFORE.**

### ASSUMPTION OF RISK

I acknowledge and agree that any use of Maranatha Bible Camp and Retreat Center’s facilities, services, equipment, and premises (“Facilities”) and any participation in Maranatha Bible Camp & Retreat Center’s programs and activities (“Programs”) comes with inherent risks including, but in no way limited to (1) minor to severe personal/bodily injury, (2) property damage, (3) disability, (4) death, (5) sickness or disease, (6) emotional injury (7) financial damage. I voluntarily accept and assume full responsibility for these risks as well as all other risks of the use of Facilities and participation in Programs. I agree that I have full knowledge of the nature and extent of all such risks and am not relying on all such risks being described in this document.

### WAIVER, RELEASE, INDEMNIFICATION & COVENANT NOT TO SUE

In consideration of the use of Facilities and participation in Programs I, the undersigned, agree that Maranatha Bible Camp & Retreat Center, it’s officers, directors, agents, employees, volunteers, insurers, and representatives (“Releasees”) will not be liable for any personal injury, property damage, disability, death, sickness or disease incurred by myself, my family members, dependents, or guests, including minors, however occurring including, but not limited to the negligence of Releasees. I understand that I will be solely responsible for any loss or damage, including personal injury, emotional injury, property damage, disability, death, sickness, or disease sustained from the use of Facilities and participation in Programs.

I further agree, on behalf of myself and any and all legal successors and proxies, to release and **HEREBY DO RELEASE, WAIVE AND COVENANT NOT TO SUE** Releasees from any causes of action, claims, suits, liabilities or demands of any nature whatsoever including, but in no way limited to, claims of negligence, which I and any and all legal successors and proxies may have, now or in the future, against Releasees on account of personal injury, property damage, disability, death, sickness, diseases or accident of any kind, arising out of or in any way related to the use of Facilities or participation in Programs, whether that participation is supervised or unsupervised, however, the injury or damage occurs, including, but not limited to the negligence of Releasees.

In further consideration of the use of Facilities and participation in Programs, I agree to **INDEMNIFY AND HOLD HARMLESS** Releasees from all causes of action, claims, demands, losses, suits, liabilities, or costs of any nature whatsoever, including claims of negligence, arising out of or in any way related to the use of Facilities and participation in Programs by myself, my family members, dependents, or guests, including any minors.

*...(Please fill information fields on following page)...*



## Adult & Child (minor) – Participant/Volunteer Release: Waiver of Liability & Indemnity Agreement (continued)

### PARTICIPANT INFORMATION (TO BE COMPLETED BY PARTICIPANT OR AUTHORIZED GUARDIAN)

Name of participant: \_\_\_\_\_

Name of parents/guardians (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Emergency Contact Phone: \_\_\_\_\_

Church or Group (if applicable): \_\_\_\_\_

Description of activity: \_\_\_\_\_

Date(s) and location of activity: \_\_\_\_\_

By signing below, you agree to the Adult & Child (minor) – Participant/Volunteer Release: Waiver of Liability & Indemnity Agreement and are authorized to sign for the participant above as yourself or as a parent/guardian/proxy:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Medical Waiver and Authorization

I hereby accept and agree to abide by the provisions of the following statement: This health history is correct and accurately reflects the health status of the individual to whom it pertains. The person described has permission to participate in all camp activities except as noted above and/or by an examining licensed medical professional. I give permission to the licensed medical professional selected by the camp to order x-rays, routine tests, and treatment related to the health of the individual for both routine health care and in emergency situations. If I cannot be reached in an emergency, I give my permission to the licensed medical professional to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for the individual.

I understand that the information on this form will be shared on a "need to know" basis with camp staff. I give permission to photocopy this form. In addition, the camp has permission to obtain a copy of the described individual's health record from providers who treat them, and these providers may talk with the program staff about the described individual's health status.

If I choose not to provide Maranatha Camp with the necessary information, such as serious medical conditions or allergies, I will not hold Maranatha Camp and/or camp personnel liable for any injury or death that could occur to the participant because of the lack of this information.

By signing below, you agree to the medical waiver and provide authorization as described above, and are authorized to do so as yourself or as a parent/guardian/proxy on behalf of the participant on page 2 of these waivers:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Audio/Visual Waiver

I understand that Maranatha Bible Camp reserves the right to use any audio, video, and/or photographs of any camper, guest, or staff member participating in any Maranatha facilitated event for promotional or marketing purposes.

***I have read and understood the media release as outlined above:***

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return this form to Maranatha Bible Camp, 16800 E Maranatha Rd, Maxwell NE 69151  
Email: [registrations@maranathacamp.org](mailto:registrations@maranathacamp.org) • Fax: 308-582-4516