Release of Liability Waiver
Dakotas-Minnesota Area
United Methodist Camp & Retreat Ministry

Please bring this completed form to camper check-in, or complete the form in your online account at least 10 days prior to camp.

This form is **MANDATORY** and must be completed by all adult participants and/or the parent or legal guardian of any participant under age 18 attending camping events. This form is **REQUIRED** at the time of camper check-in and the form **MUST** be signed.

Camper:_____ **Camp or Event:**_____ **Camp Number**_____

Each United Methodist Camp and Retreat Center ("Camp") in the Dakotas-Minnesota Area United Methodist Camp & Retreat Ministry offers a variety of services and voluntary activities designed to enrich the camping or retreat experience. These services and voluntary activities may include, without limitation, the provision of food, lodging and transportation, as well as challenging and educational activities often associated with camping and the outdoors such as swimming, hiking, boating, waterskiing, tubing, campfires, fishing, all-terrain biking, low and high rope courses, horseback riding, archery, rock climbing, wall climbing, tree climbing and rappelling. Specialized camps offer educational opportunities or off-site trips. Participants and staff members (including volunteers) may have the opportunity to participate in these activities.

While each Camp will endeavor to assure the safety of its participants and staff members, there are unavoidable risks of injury – and even death – associated with camping and its related services and activities.

A signed Release of Liability is required before anyone may attend a Camp or Retreat as either a participant or a staff member. Minors and adults under guardianship must have a parent or legal guardian sign and date this waiver.

You are encouraged to consult an attorney if you have any questions about the meaning of this document. If you have any questions about the services or activities provided at any Camp, contact the Central Camping Office at 1-855-622-1975.

By signing below, I acknowledge and agree to the following:

I have read and understand the risks summarized above and acknowledge that the activities in which I or my child or ward may engage can be dangerous and can involve risk of serious injury or death. I also acknowledge that not all potential risks associated with all camp or retreat activities, or services are listed herein but are reasonably foreseeable.

I understand that my and my child or ward's participation in camp activities is voluntary, and I/they may decline to participate in any activity or service offered if it feels unsafe. I further understand that it is an obligation and responsibility to be aware of conditions or circumstances that may be personally unsafe. If at any time an event feels unsafe, I (or my child or ward) will immediately notify a camp official and, if necessary, stop participating in the activity.

I understand that to participate in certain offsite camp activities I (or my child or ward) may be transported in a licensed, insured vehicle of the Dakotas or Minnesota Annual Conference of the United Methodist Church, or in some instances a privately owned vehicle.

In consideration of my own attendance as a participant or staff member or my child's or ward's attendance at a United Methodist Camp, I, for myself and my child or ward, expressly assume the risks of such attendance and give permission to my child or ward to participate in any of the activities offered at such camp, subject to the limits identified on the camper's Medical Information Form. For myself and my child or ward on behalf of our executors, administrators and heirs, I also release, covenant not to sue, discharge, and hold harmless Dakotas or Minnesota Annual Conference of the United Methodist Church and the United Methodist Camp(s), their employees, agents, and representatives, from all liabilities, claims, actions, damages, costs, or expenses of any kind arising in any way from my own or my child's or ward's attendance at a United Methodist Camp for injury to person or property or death caused by the negligence of these entities and/or individuals to the fullest extent allowed by laws, it being the intention of the parties for this release to be as broad and inclusive as allowed by law.

If participant or staff member is under age 18, or an adult under guardianship:

X_____
Printed Name of Custodial Parent/Guardian:

X_____ _____
Signature of Custodial Parent/Guardian: **Date:**

Relationship to Participant: _____

OR

If participant is 18 or older:

X_____
Printed Name of Adult Participant:

X_____ _____
Signature of Adult Participant: **Date:**

Public Relations Release

United Methodist Camp personnel may at their discretion, elect to include photographs of persons and events at United Methodist Camps in printed materials, news releases, film presentations, authorized camp or conference websites and the like for the purpose of advancing the mission of the United Methodist Camp program. I hereby give permission for photographs or visual images of the above-named individual to be used for such purposes at any time, without compensation or prior approval rights; with the understanding that said individual will not be identified by name without permission. **YES**_____ **NO**_____

X_____ _____ X_____ _____
Signature of Custodial Parent/Guardian: **Date:** **Signature of Adult Participant:** **Date:**