

Summit Leadership Camp

CONSENT AND RELEASE OF LIABILITY FORM

THIS DOCUMENT CONTAINS A RELEASE OF LIABILITY. YOU ARE ADVISED TO REVIEW IT CAREFULLY.

I understand and agree that participation at Summit Leadership Camp Corp. ("Camp") is a privilege to which I am not otherwise entitled. In consideration for that privilege, I am signing this Consent and Release of Liability.

Release of Liability

Prior to participation in Camp activities, I acknowledge that my/my child's involvement in the Camp may involve risk of property damage and of personal injury, illness or even death, including but not limited to the risks arising from transportation related activities, recreational activities, accidents in the outdoors and rustic facilities, adverse weather conditions, and injuries and illness as a result of food-borne illnesses and allergic reactions. In addition, I understand that there may be other risks inherent in Camp activities of which I may not be presently aware.

By signing this Consent and Release of Liability, I warrant that I am/my child is fully capable of safely participating in all Camp activities, and I expressly assume all risks of my/my child's participation, whether such risks are known or unknown to me at this time. I further generally release Summit Leadership Camp Corp. and their directors, officers, employees, volunteers, and agents, and other guests at the Camp, from any and all claims that I may have against any of them as a result of property damage or personal injury, illness or death as a result of participation in Camp activities, whether on or off Camp grounds. I agree that this release includes the ordinary, special and inherent risks described above, and other risks that I may not foresee or be aware of at this time. This Release of Liability is given on behalf of me, and the heirs, family, estate, administrators, executors, personal representatives and assignees of me.

Other Releases and Acknowledgements

I understand that I am required to provide a copy of my/my child's medical insurance card. If I am/my child is not covered by medical insurance, I understand that I am required to provide a copy of a credit card to be used exclusively for obtaining medical care for my child as deemed necessary by the Summit Leadership Camp Corp. staff. Summit Leadership Camp agrees to treat all documents as confidential allowing only specific authorized persons access on an as needed basis. Further, I understand that the Summit Leadership Camp Staff will make every attempt to contact me (parent/guardian) prior to transporting my child to the emergency room should the need arise.

I understand that while I am/my child is participating in Camp activities photographs, film, audio recordings and videotape of me/my child may be taken for use in brochures, videos, releases to the press, and various Camp publications and other work products. I do hereby irrevocably grant Summit Leadership Camp Corp. permission to record, display and/or reproduce my/my child's name (first name only), likeness and voice on audio and/or video tape, film or other media, to edit and otherwise modify such media at its discretion, to incorporate the media into any work product, and to use or authorize the use of such media or any portion thereof in any manner or media or by any means, methods or technologies now known or hereafter to be known.

This form does NOT need to be mailed in. Please keep it for your records.