

**CAMP OAK HILL & RETREAT CENTER**

**RETREAT ACTIVITY PARTICIPANT PERMISSION and WAIVER FORM**

(Mandatory – must be completed by all participants)

Name of Participant: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

If the participant is under 18 years of age, print the name of parent(s) and/or legal guardian(s):

\_\_\_\_\_

Age of participant (if under 18): \_\_\_\_\_ Birth Date: \_\_\_\_\_

**Functions and Activities**

It is my understanding that participating in the programs and recreational and other activities is a privilege. Prior to my participation in such activities, I acknowledge that there are certain risks associated with the activities, including, by way of example, physical injury due to activity related accidents, physical injury due to transportation-related accidents, illness, or even death. In addition, I acknowledge that there may be other risks inherent in these activities of which I may not be presently aware. Examples of Camp Oak Hill Retreat Activities (subject to change and activities indicated by an asterisk have certain height, weight, age and skill level requirements): Swimming\*, Low Ropes\*, Tennis, Field Games, Archery, Zipline (weigh 75 lbs. or more)\*, Gym Games, Riflery, Frisbee Golf, Canoeing/Kayaking, Fishing (bring your equipment), Water Slide (max. weight 250 lbs).

**Release of Liability**

By signing this Permission and Waiver Form, I expressly warrant that the participant named above is capable of withstanding both the physical and mental demands of the activities discussed above. I also expressly assume all risks of the participant named above in the activities, whether such risks are known or unknown to me at this time. I further release this organization and its leaders, employees, volunteers, and agents from any claim that my participant may have or that I may have against them as a result of injury or illness incurred during the course of participation in the activities. This release of liability shall include (without limitation) any claims of negligence or breach of warranty. This release of liability is also intended to cover all claims that members of the participant's or my family or estate, heirs, representatives, or assigns may have against this organization or its leaders, employees, volunteers, or agents. First Aid and Emergency Medical Treatment I recognize that there may be occasions where the participants named above may be in need of first aid or emergency medical treatment as a result of an accident, illness, or other health condition or injury. I do hereby give permission for agents of this organization to seek and secure any needed medical attention or treatment for the participant named above, including hospitalization, if in the agent's opinion such need arises. In doing so I agree to pay all fees and costs arising from this action to obtain medical treatment.

**Release to Use Image and Likeness**

On occasion, Camp Oak Hill or its representative(s) takes photographs or makes an audio or videotape recording of participants involved in activities. Such photographs or video records may be used by staff and participants to remember the activities and participants. Local news organizations may hear of our activities or events, and our organization may invite or allow them to photograph or record our events for new reporting on special interest features. I consent to the use of any such audio or visual record of the participant named above to be used, distributed, or displayed as agents of the organization see fit. This consent includes but is not limited to: photographs, videotape, and audio recordings. Furthermore, I give permission for the participant to be interviewed by the news media, or for such photographs and other audio or visual records to be used by the news media. In addition, such photographs and audio/visual recordings may be used in publications or advertising materials to let others know about our activities. These images may also be used by Camp Oak Hill, Christian Camp and Conference Association, or its agents to produce ministry resources for staff training and camp ministry of Camp Oak Hill. Camp Oak Hill may also make these materials available for sale to the public.



I represent that I am the participant or parent/guardian of \_\_\_\_\_ (name of participant), who is under 18 years of age. I have read the above Permission and Waiver Form and am fully familiar with the contents thereof. I give permission for the participant named above to participate in the activities of this organization, including any special events/activities described above. In consideration for allowing the participation of the participant in these activities, I hereby consent to the Permission and Waiver Form, including the Release of Liability above, on behalf of the participant and agree that this Permission and Waiver Form shall be binding upon me, my family, heirs, legal representatives, successors, and assigns.

\_\_\_\_\_  
Signature of Participant, Parent, or Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Participant, Parent, or Legal Guardian

\_\_\_\_\_  
Witness\*

\_\_\_\_\_  
Date

*\*Does not need notary; witness must be 21 years of age or older and it can include a family member*