

Participant's Name: _____

Group Name: _____



GUEST GROUP RELEASE WAIVER

This form must be completed by **ALL** individuals attending Camp.

GENERAL RELEASE WAIVER:

I have asked Mile High Ministries (hereinafter "Camp") to be allowed to participate in activities offered at Camp. Activities may include but are not limited to: archery, rock climbing, low ropes course, gaga ball, sports, hiking, zip line, waterfront, swimming. I acknowledge and understand that: (1) Camp activities involve physical exertion and other risks, (2) the possibility of risk of injury to individuals participating or observing the activities, including but not limited to permanent disability including blindness, or death does exist, (3) the need/requirement to participate in the activities in accordance with the rules that are given and to follow directions given by Camp staff, (4) it is my responsibility to wear any and all safety gear deemed necessary by Camp, (5) my physical and mental condition will enable me to participate safely in the activities. I waive and release any and all claims, demands, actions, causes of action and rights (contingent, accrued, inchoate, or otherwise), defend, and hold Camp harmless from and against any and all claims, liabilities, expenses, damages, losses, cause of action, and suits (including, without limitation, attorney's fees and costs) arising out of, or in any way related to my participation in activities at Camp, whether caused by Camp's active or passive negligence or otherwise.

Initials: _____

IMAGE RELEASE WAIVER:

I give my permission to Camp to use any photographs, video and audio of me for any promotional materials, including Camp websites and social media postings, without expectation of compensation, including, but not limited to, any royalties, proceeds, and/or other benefits derived from such photographs, videos, or audio recordings.

Initials: _____

MEDICAL RELEASE WAIVER:

I give Camp permission to provide or arrange necessary transportation, to secure and administer proper treatment as needed, and to release any records necessary for insurance or care purposes. Camp may also give information as necessary to all those who may be caring for me at camp.

Initials: _____

INFECTIOUS & CONTAGIOUS DISEASE WAIVER:

The novel coronavirus (COVID-19), is no longer a worldwide pandemic but is still around. As a result, federal, state, and local governments and agencies recommend industry specific mitigation measures including but not limited to vaccination, mask wearing, increased personal hygiene practices, and modified cleansing/sanitization procedures. Camp maintains compliance with local and federal mandates to ensure guest safety, and has enacted preventative measures and programming adjustments in response. However, we cannot guarantee that you or your family members will not contract COVID-19.

By participating in programs, services, and activities at our facility, you agree to the following:

I hereby release, covenant not to sue, discharge, and hold harmless Camp, its employees, agents, and representatives, of and from all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating to your participation in our programs, services, or activities. I understand and agree that this release includes any claims based on the actions, omissions, or negligence of Camp, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any camp-hosted or programmed event.

Signature (for all 4 waivers): _____

Date: _____

(Parent/Guardian signature if camper is a minor.)