

CRISTACAMPS



Agreement for Waiver and Release, Assumption of Risks & Indemnification (rev 4/22) **NOTICE:**
This document affects your legal rights, please read carefully. Handwritten *changes* to this document are not permitted and will not be honored. This Agreement constitutes the entire Agreement and shall not be modified except via written document, executed by both parties. If any portion of this Agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

Group or Event Name Family Camp

Household members covered by this waiver (including parent/legal guardian(s)) [PLEASE PRINT]

Name: _____	DOB: _____
Name: _____	DOB: _____
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Name: _____	DOB: _____
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Name: _____	DOB: _____
Name: _____	DOB: _____

I/we, the above Participant and the Parent/Legal Guardian of participant(s) named above, being above the age of 18, agree as follows:

I/we acknowledge and understand that certain camping activities, including but not limited to: skating, skateboarding, paintball, ropes courses, archery, marksmanship, water sports, horses and dirt bikes are hazardous and dangerous activities that require strenuous exercise and varying degrees of skill and experience. I/we understand that these activities can result in serious injury to the person and damage to property and I/we voluntarily assume any and all risks of loss, damage or injury while on the premises.

I/we understand that being around other campers at CRISTA Camps may cause me/my family to be exposed to transmissible illness and/or diseases and I/we accept the risk of illness and death as a result. Additionally, I/we understand that COVID-19 is a dangerous respiratory illness that can result in permanent disability or death. Although CRISTA Camps has put in place measures to reduce the risk of transmission, I/we understand that there are no guarantees that my child(ren) and my family will not contract or transmit COVID-19 through participation in CRISTA Camps. I/we voluntarily assume all such risks on behalf of myself, my marital community and my minor children referenced herein. I/we understand that that CRISTA Camps no longer require proof of vaccination, negative tests, or mask wearing, but instead it is recommended and up to me/us to take the proper precaution to reduce the risk of COVID-19 transmission. I/we understand that these procedures may change at any time and I/we agree to follow all requirements in effect.

I/we acknowledge that there are risks, hazards and dangers of personal injury, death and disability inherent in entering camp grounds and participating in, or viewing camp activities. I/we am aware that the usual risks, hazards and dangers of personal injury, death and disability increase when using certain camping equipment and when other persons, whether of the same or different level or experience or skill, are using the same facilities and equipment.

In consideration for my participation, and for the participation of my/our child or the minor for whom I/we represent that I/we am/are legal guardian, I/we hereby release and forever discharge Miracle Ranch Camp, CRISTA Ministries, and their employees,

officers, directors, trustees, volunteers and all other persons or entities acting on their behalf (collectively referred to as "CRISTA"), from any and all claims, actions, damages, liabilities, costs or expenses and attorney fees which are related to, arise out of, or are in any way connected to the viewing of and participation in camp activities of myself, my/our child's, or the minor for whom I/we represent that I/we am/are the legal guardian. By signing this Agreement, it is my/our intention to waive any rights to sue or seek damages from CRISTA; except where injury, death or disability results from CRISTA's gross negligence.

I/we further agree to indemnify, hold harmless and defend CRISTA against any and all claims for damages, costs, expenses or attorneys fees brought by any third party in connection with or arising out of my, or the above-listed participant's involvement or participation. This Agreement shall be effective and binding upon my marital community, estate, heirs, agents, personal representatives and assigns.

Emergency Consent: I/we give consent for myself and my minor children referenced herein to receive emergency and/or routine medical care from a physician or emergency facility if I/we am/are incapacitated or cannot be reached in an emergency.

I/we hereby certify that I/we am/are over 18 years of age; I/we have carefully read the foregoing and acknowledge that I/we understand and agree to all the terms and conditions. I/we have had the opportunity to ask any and all questions regarding this Agreement and the effect of the same. I/we am/are aware that by signing this Agreement, I/we assume all risks and waive and release certain substantial rights that I/we have or possess.

Parent/Legal Guardian Signature (on behalf of marital community) _____ Date _____

Parent/Legal Guardian Signature (on behalf of marital community) _____ Date _____