



# Youth Waiver

## Response and Consent

The health and immunization history is correct so far as I know. My son/daughter has permission to engage in all prescribed camp activities, which may include, but are not limited to, horseback riding, water sports, water skiing, high ropes, snowmobiles, climbing walls, ice climbing, field sports, jumping in cold water, paintball, except as noted by me, and had permission to leave the camp grounds for camp related outings and purposes. I hereby give my permission to release information to designated youth leader with my child during this week of camp. I hereby give my permission to the medical personnel selected by the health center to order x-rays, routine tests and treatment for my son/daughter. In the event of an emergency, or if I cannot be reached, I hereby give permission to the physician selected by the health center to hospitalize, secure proper treatment for, and to order injection, anesthesia, and/or surgery for my child as named above. I understand that I am financially responsible for all medical cost(s) incurred while my child is at camp. My child has my permission to take any of the medications I have agreed to or listed on this form. I understand that the camp nurse will administer the medication(s) or an adult will supervise my child taking his/her own medication.

## Assumption of Risk

I acknowledge that participation in Word of Life Camps involves risk to the Participant (and to the Participant's parents or guardians, if Participant is a minor) and may result in various types of injury including, but not limited to, the following: sickness, bodily injury, death, emotional injury, personal injury, property damage and financial damage. In consideration of the opportunity to participate in the activity described above (the "Activity"), the Participant (or parent/guardian if Participant is a minor) acknowledges and accepts the risks of injury associated with participation in and transportation to and from the Activity.

The Participant (or parent/guardian) accepts personal financial responsibility for any injury or other loss sustained during the Activity or during transportation to and from the activity, as well as for any medical treatment rendered to the Participant that is authorized by the Sponsor or its agents, employees, volunteers or any other representatives (collectively referred to hereinafter as the "Word of Life Camps").

Further, the Participant (or parent/guardian) releases and promises to indemnify, defend and hold harmless Word of Life Camps for any injury arising directly or indirectly out of the described Activity or transportation to and from the Activity, whether such injury arises out of the negligence of the Activity Sponsor, the Participant or otherwise.

If a dispute over this agreement or any claim for damages arises, the Participant (or parent/ guardian) agrees to resolve the matter through a mutually acceptable alternative dispute resolution process. If the Participant (or parent/guardian) and Word of Life Camps cannot agree upon such a process, the dispute will be submitted to a three-member arbitration panel for resolution pursuant to the rules of the American Arbitration Association.

I also give permission for Word of Life to use my son/daughter's picture for advertising purposes in Word of Life's print publications, website and audiovisual presentations.

Acknowledged and agreed

---

Parent / Guardian Signature

Youth Name

Date

---

Printed Name

Group Name