

2019 General Release Form

Release, Waiver, and Indemnity Agreement

It is my intention by this agreement to exempt and relieve Camp Indianhead and its counselors as well as Camp LuWiSoMo and its officers, agents, or employees from liability for personal injury, property damage, or wrongful death of the participant (camper) named caused by any act of negligence of Camp Indianhead and its counselors as well as Camp LuWiSoMo, and its officers, agents or employees.

For and in consideration of permitting the participant named to observe, or use any facility or equipment of Camp Indianhead and Camp LuWiSoMo, or engage in and/or receive instruction in any activity or activity incidental thereto some of which may involve dangers and risk of bodily injury at Camp LuWiSoMo, Wild Rose, Wisconsin, the undersigned parent and/or guardian of the participant named hereby voluntarily and absolutely releases, discharges, waives, and relinquishes any and all loss or damages or actions or causes of action for personal injury, property damage, or wrongful death occurring to the participant named as a result of the participant's observing or using facilities or equipment of Camp Indianhead and Camp LuWiSoMo, or engaging in or receiving instructions in any activities some of which may involve dangers and risk of bodily injury or in activities incidental thereto wherever or however the same may occur, and for whatever period said activities or instructions may continue.

The undersigned parent or guardian of the participant named for him/herself, his/her heirs, executors, administrators, or assignees agrees that in the event any claim for personal injury, property damage, or wrongful death shall be prosecuted against Camp Indianhead or its counselors, or Camp LuWiSoMo, or its officers, agents, servants, or employees, the undersigned parent or guardian will indemnify and hold harmless Camp Indianhead and its counselors, Camp LuWiSoMo, and its officers, agents, servants, or employees from any and all claims or causes of action by the participant named or by any other person or entity, by whomever or wherever made or presented, and under no circumstances will the undersigned parent or guardian of the participant named present any claim against Camp Indianhead, Camp LuWiSoMo, and said persons for personal injuries, property damage, wrongful death, or otherwise, caused by any act of negligence by Camp Indianhead, Camp LuWiSoMo and said persons.

The undersigned parent or guardian represents that he/she has read this Release, has requested and has been provided with, or has requested and declined advisement on the potential dangers/risks of engaging in the observation, activities, or instruction offered, assumes all risks associated with such dangers and risks, and is fully aware of and understands the terms and the legal consequences of the signing of this Release. The undersigned parent or legal guardian intends his or her signature to be a complete and unconditional release of all liability to the greatest extent allowed by law and if any portion of the Release is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

My signature below constitutes acceptance of the above terms and conditions. I have read and fully understand this liability release.

Authorization for Medical Treatment and Release of Information

I hereby give permission to the medical personnel selected by the camp representative to administer first aid, and to order x-rays, routine tests, and treatment. In the event of an emergency, I hereby give permission to the physician selected by the camp representative to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for the participant named. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp representative to secure and administer treatment, including hospitalization, for the participant named. I hereby agree to be responsible for payment of all costs or expenses of any health care provided or other person who acts in reliance upon this consent and authorization for treatment.

Signature of Parent or Guardian for Participant

Date

Printed Name of Parent or Guardian for Participant