



A.C.T.I.O.N. Coalition, Inc.

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Summer Camp Waiver and Release of Liability

As a participant of ACTION Coalition Summer Camp 2025, I recognize and acknowledge there are certain risk of physical injury and I agree to assume full risk of any injuries, damages or loss that my minor child may sustain as a result of participating in any activities connected with or associated with this program.

I agree to waive and relinquish all claims I or my minor child may have as a result of participating in this program against A.C.T.I.O.N. Coalition and its officers, employees and volunteers.

I further agree to indemnify and hold harmless and defend A.C.T.I.O.N. Coalition and its officers, employees and volunteers from my claims resulting in injuries, damages and losses sustained by my minor child that arise out of, in connection with, or in any way associated with the activities of the program.

I HAVE READ AND FULLY UNDERSTAND THE ABOVE WAIVER AND RELEASE OF CLAIMS.

Signature, Parent of Student

Date