

**CAMP WESTMINSTER  
RELEASE OF LIABILITY AND MEDICAL PERMISSION  
READ BEFORE SIGNING**

**(For all campers, staff members, and off-season participants; no person may participate in any Camp-sponsored activities or any activities on the campus of Camp Westminster unless he or she completes and signs this Release.)**

**GENERAL RELEASE**

For and in consideration of the use of the facilities and/or services of Camp Westminster Foundation, Inc, which is the sole member of the limited liability company Camp Westminster, LLC, which conducts the ministry known as Camp Westminster; or Westminster Presbyterian Church of Atlanta, Georgia which is the sole member of the limited liability company Christian Camp Properties, LLC, which owns or will own the campus known as Camp Westminster (each of the foregoing identified in this document as a "Camp"), and other good and valuable consideration, I, the undersigned participant and/or parent or guardian of the following participant(s),

\_\_\_\_\_

\_\_\_\_\_

(each of us are identified in this Release as a "Participant"), authorize the participation of the Participant in any Camp activity, and release and promise to hold harmless each Camp, any provider of equipment or services to any Camp, and any lessor of property to any Camp, and the directors, managers, officers, employees, volunteers, and agents of the foregoing from all liability arising from or related to, directly or indirectly and completely or partially, any instance of participation by a Participant in any Camp activity, and promise not to sue any Camp for any such liability. I further authorize the free use of the Participant's name and picture in broadcasts and publications regarding Camp activities.

Covered liability includes any liability, cost, or claim for any damage, death, disability, injury, illness, or other harm to person (mental or physical) or harm to or loss of property, whether or not caused by the negligence of a Camp or any of its employees, volunteers, or agents. A Camp activity is any activity that a Camp sponsors or conducts, any activity that takes place on its property, and any activity in which is used real or personal property (including equipment and animals) owned or leased by or to a Camp. Liability arising from or related to a Participant's participation in a Church activity may arise in whole or in part from a defect or imperfection in real or personal property (including equipment and animals) owned or leased by or to a Camp.

I provide the foregoing release and promise to hold harmless on behalf of myself and each other Participant, and on behalf of our heirs, administrators, executors, and assigns.

I sign this Release recognizing the inherently dangerous nature of participation in Camp activities, and that such participation may result in injury, illness, permanent disability, or death, and I knowingly and freely assume all such risks. Each Participant recognizes as well that participation in any Camp activity is completely voluntary. I represent to each Camp that no Participant is suffering or otherwise experiencing any medical or physical condition that may prevent him or her from participating in any Camp activities safely and without illness or injury.

Finally, I agree that any Camp may dismiss any Participant from participation for failure to comply with any safety or other rules imposed by the Camp for participation in any Camp activity or use of any property owned or leased by or to a Camp, or for engaging in unsafe behavior. If a Participant observes any unusual or unnecessary hazard during his or her participation, he or she will bring such to the attention of the nearest Camp staff member as soon as possible.

I understand that by signing this Release I may be giving up substantial rights. The attached special provisions and requirements, if any, are part of this Release. I further understand and agree that the considerations given for this Release are not to be construed as an admission on the part of any Camp of any liability whatsoever. I sign this Release on behalf of myself, the Participant, and the family, heirs, next of kin, legal representatives, beneficiaries, successors, and assigns of myself or the Participant.

**PERMISSION TO PROVIDE NECESSARY TREATMENT OR EMERGENCY CARE**

I hereby give permission to the medical personnel selected by the camp director or other person given such selection authority by a Camp (hereinafter called "camp director") to order X-rays, routine tests, and treatment, to release any records necessary for insurance purposes, and to provide or arrange necessary related transportation, for me or my child. In the event my child or I experience a medical emergency, and Camp personnel try but fail to reach me or under the circumstances are without sufficient time to try to reach me, I hereby give permission to the physician or other medical personnel selected by the camp director to secure and administer treatment, including hospitalization, anesthesia, surgery, and injections of medication for me or my child.

\_\_\_\_\_  
Signature of Participant (if adult), Parent, or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Email

\_\_\_\_\_  
Group/Organization Name