



Participant Waiver Form

NOTE TO GUEST: UCYC wants your experience on our property to be a safe and healthy one. However, in the event of an accident or illness, it is important that we have the following information.

Full Name:	Organization:
Street Address:	
Date of Birth:	Age:
Emergency Contact:	
Relationship To You:	
Cell Number:	Other Number:
Allergies or Other Medical Needs:	
Name of Physician:	
Physician Address:	
Medical Insurance Company:	Policy #:
Insurance Company Address:	

ASSUMPTION OF RISK / WAIVER / INDEMNITY AGREEMENT:

United Christian Youth Camp is a recreational camp that hosts events and activities for its campers/guests. I acknowledge that participating in such events and activities, whether they be held indoors or outside, may be dangerous and involve the risk of serious bodily harm, including death. I voluntarily assume the risk of any injury or property damage that I may suffer during my stay at the camp, and during my voluntary participation in the events and activities that are provided. Further, in consideration for United Christian Youth Camp agreeing to allow me to be a guest at its camp and participate in the events and activities that it provides (both on its property and at other locations), I agree that United Christian Youth Camp and its owners, directors, officers, employees, agents, and contractors (collectively "UCYC") shall not be liable for any loss, damage, or injury to me or my property, regardless of whether such loss, damage, or injury is caused by any negligent act or omission of UCYC, other guests, or other persons over whom UCYC has no control, and expressly waive any right to bring a claim or lawsuit against UCYC. In the event a claim or lawsuit is asserted against UCYC, I agree to defend, indemnify and hold harmless UCYC against any and all claims, liability, damages, and expenses (including but not limited to attorney fees, expert fees, investigation fees, and court costs) arising out of or related to my visit to UCYC, regardless of whether such injury or damage is caused in part by the negligent acts or omissions of UCYC.

Permission is hereby given for use of the following by UCYC for promotional purposes: 1) pictures and video taken while at camp; 2) quotations from evaluations and letters relating to camp experience; 3) name, address, phone, number and e-mail address for camp database. (All data is for UCYC use only and is not shared.)

I HAVE READ THIS RELEASE & WAIVER OF LIABILITY, FULLY UNDERSTAND ITS TERMS AND HAVE SIGNED IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT AND INTEND MY SIGNATURE TO BE COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.

Signature

Date _____

Parent/Guardian Signature (if under 18)

Date _____