

# CAMP WALTER SCOTT PARTICIPANT RELEASE AND WAIVER FORM

*Please Read Carefully and Sign. Those under 18 require a signature from a parent or legal guardian.*

I acknowledge that I am engaging in voluntary activities, or any other activity of any nature (hereinafter “voluntary activities”) with Camp Walter Scott (hereinafter “CWS”) and that I am aware of the potential for property loss and personal injury while engaging in voluntary activities.

I assume all responsibility for any and all property damage or personal injury while participating in any voluntary activities while at CWS. I release CWS and the Christian Church in Illinois & Wisconsin (hereinafter “CCIW”) from all liability of personal, injury, illness, death, or property damage occurring from voluntary activities while at CWS. I covenant and agree to indemnify and hold harmless CWS and/or CCIW, their respective officers, directors, employees, agents, members, and volunteers from any and all claims and demands related to any voluntary activities.

I understand that I am not entitled to worker’s compensation benefits for any issue related to CWS. I also, on behalf of myself, my heirs, executors, administrators, and assigns, hereby release, waive, discharge, and covenant not to sue CWS, CCIW and/or their respective officers, directors, employees, agents, members, and volunteers for any claim, cost (including but not limited to attorney fees), cause of action and/or liability which arises from any voluntary activities while at CWS.

I currently have no known physical or mental condition that would impair my capability for full voluntary participation with CWS as intended or expected of me. CWS and/or CCIW does not have the responsibility of providing health, medical, or disability insurance to me/on my behalf. I understand that it is my responsibility as a participant/guest of CWS to have my own medical /health insurance benefits.

In addition, I hereby grant CWS, CCIW and each of their respective affiliates, partners, or agents, permission to use, publish, broadcast, and/or copyright the use of the participant’s name, image, likeness, and/or voice in its current form or modified in any way in any and all advertising, promotional, or other materials based upon or derived from voluntary activities.

Further, I expressly agree that this Participant Release, Waiver of Liability, and Indemnification Agreement (hereinafter “Agreement”) is intended to be as broad and inclusive as permitted by the laws of the State of Illinois. If any portion of this Agreement is held to be invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I have carefully read the foregoing Agreement, and understand the contents of the same. I sign this Agreement as my own free act.

_____	_____	_____
Name of Participant	Signature of Participant	Date

_____	_____	_____
Name of Parent of Participant, if under 18	Signature of Parent of Participant, if under 18	Date

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