

**YOUTH
LEADERSHIP
CAMP**

Wayland Baptist University

Waiver and Release Form

ALL Participants **MUST** have this general release and indemnification of claims completed and turned in to their group leader upon arrival at this event. **This form MUST be completed and notarized for all participants.**

Please review, complete, sign, and notarize.

Camp Location: Wayland Baptist University, Plainview, Texas

Dates: 06/23/2024 - 06/26/2024

Participating Church Name: _____

City: _____ **State:** _____

Name of Participant: _____

Gender of Participant: Male Female **Participant Age:** _____ **DOB:** _____

Name of Parent/Guardian who is able to give consent: _____

Cell Phone Number of Parent/Guardian: _____

Email Address of Parent/Guardian: _____

Assumption of Risk: I am aware of the risk associated by or with participation in this camp. I voluntarily assume full responsibility for any risk of loss, property damage or personal injury, including death that may result from participation from camp activities.

Recreation: Recreation is offered to build community amongst your group in a fun but in an environment with safety as a priority. It will include physical and challenging activities that may include running, lifting, climbing, descending, carrying, moving, jumping or working with other people during physical activity. Activities may create elevated heart and respiratory rates and require physical exertion. Additionally, unforeseen weather or forces of nature could be encountered during recreation activities.

Photography/Video Acknowledgment: Throughout the event there may be photographs and video taken for marketing and promotional purposes. I acknowledge that and grant permission for such media to be used in promotional materials.

Release and Indemnity: I acknowledge and agree that I or my agents hold harmless, release forever, and agree not to sue Wayland Baptist University it's leadership, agents, venues, locations, community partners, volunteers, sponsors from any and all claims or demands related to personal injury, sickness, and even death, as well as any property damage or related expenses, incurred by my participation or my minor child during WBU Youth Leadership Camp. In the event of a medical need, I understand that the authorized agent of the church is responsible for care and decisions related to medical needs including, but not limited to medical consent, care, transportation, and communication with the home church and family. Any and all medical expenses that could be incurred if medical is needed are my sole responsibility and I release liability and understand that I or my minor participate in any and all activities at will.

Understanding: I acknowledge that I have read and understand this waiver and release and all its terms and my signature below represents that understanding and I freely relinquish legal rights, I have had the opportunity to obtain any and all counsel if needed and that by my signature, I understand and accept this agreement in full. Furthermore, it is understood that a copy of this form is treated as authentic and binding as the original.

Complete and sign below (participants who are minors per your state law require Parent/Guardian signature.)

I am a: Parent/Guardian Event Attendee who is 18 or older

Signature of Parent/Guardian: _____

Signature of Event Attendee: _____

Phone Number of Parent/Guardian: _____

Notary Acknowledgment: The State of _____ County of _____ on _____ before me, _____, Notary Public, personally appeared _____ who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s) or the entity upon behalf of which the person(s) acted, executed the instrument.

Witness my hand and official seal.

Notary signature: _____ My commission expires: _____ / _____ / _____