

2020 Spencer Lake Family Camp ~ June 28-July 5

Spencer Lake Christian Center ~ Waupaca, WI

Spencer Lake Family Camp . PO Box 309 . Waupaca, WI 54981 . deb@wnmdag.org . 715.258.8118

Participant Name [PRINT]: _____ Date of Birth _____ Gender [M/F]: _____

AGREEMENT FOR ASSUMPTION OF RISK, RELEASE, HOLD HARMLESS, AND INDEMNITY AGREEMENT

I understand that I am being asked to read each of the following paragraphs carefully. I understand that if I wish to discuss any of the terms contained in this agreement, I may contact the camp director at 715-258-8118.

Parent/Guardian Signature: _____ Printed Name: _____ Date: _____

Parent/Guardian Signature: _____ Printed Name: _____ Date: _____

PARENTAL CONSENT & AGREEMENT [Parent or Guardian please fill out as completely as possible.]

In consideration of my child's participation in the activities listed below on June 28 - July 5 at the location above (herein the "Activity"): We, being the parents or legal guardians of the Participant named above (the "Participant"), do hereby consent to the participation of the Participant in the activities of the 2020 Spencer Lake Family Camp. Activities include outdoor activities in which participants may be subject to hazardous plants and bites from insects, ticks, mosquitoes, and spiders. Other activities include swimming (lake, including floating docks and beach inflatables such as blob, water slide, shallow water obstacle course), canoeing, kayaking, paddle boats (with the exception of swimming life jackets are required for all participants), BB gun range, team games such as basketball, volleyball, gagaball, bubbleball, and others, recreational games (relay race style, tug-of-war, slip 'n' slide, etc.), which may involve water and mud. All participants are required to take a swim test. We hereby represent that Participant is in good health and in proper physical condition to participate in the above-referenced activities. Further, we certify that Participant is physically able and adequately trained to participate in such events, specifically swimming. We hereby understand and acknowledge the physical rigors associated with the above-referenced activities and understand that participation involves risks and dangers which include, without limitation, serious bodily injury, permanent disability, paralysis, death, inaccessibility of medical care, dangers arising from adverse weather conditions, inadequate safety measures, participants of varying skill levels, situations beyond the immediate control of 2020 Spencer Lake Family Camp, other undefined harm or damage which may not be readily foreseeable, and other presently unknown risks and dangers (collectively the "Risks"). We understand these Risks may be caused in whole or in part by Participant's own actions or inactions, the actions or inactions of others participating in the activities, and knowing such, We hereby expressly authorize and give permission for Participant to participate in any and all of the above-referenced activities.

We **DO NOT AUTHORIZE** our child/Participant to participate in any of the following activities: _____

We also hereby give permission to the camp staff to inspect the contents of any or all of our child's personal belongings, and to withhold any unapproved contents. I understand that if our child misbehaves and violates the camp rules, we may be called to pick him/her up.

Parent/Guardian Signature: _____ Printed Name: _____ Date: _____

Parent/Guardian Signature: _____ Printed Name: _____ Date: _____

GENERAL RELEASE AND ASSUMPTION OF RISK:

KNOWING THE RISKS DESCRIBED ABOVE, WE BEING THE PARENTS/LEGAL GUARDIANS OF CHILD/PARTICIPANT AGREE TO ASSUME ALL THE RISKS AND RESPONSIBILITIES, KNOWN AND UNKNOWN, SURROUNDING MY CHILD'S PARTICIPATION IN THE ACTIVITY. TO THE MAXIMUM EXTENT ALLOWED BY LAW, WE RELEASE, HOLD HARMLESS, AND AGREE TO INDEMNIFY 2020 Spencer Lake Family Camp AND WISCONSIN AND NORTHERN MICHIGAN DISTRICT ASSEMBLIES OF GOD AND THEIR OFFICERS, DIRECTORS, EMPLOYEES, VOLUNTEERS, AND AGENTS, FROM AND AGAINST ANY PRESENT OR FUTURE CLAIMS, LOSSES, LIABILITIES, COSTS AND EXPENSES FOR INJURY TO PERSON OR PROPERTY, OR FOR ANY OTHER DAMAGE, WHICH I MAY SUFFER, OR FOR WHICH I MAY BE LIABLE TO ANY OTHER PERSON, RELATED TO PARTICIPATION OF THE PARTICIPANT IN THE ACTIVITY (INCLUDING PERIODS IN TRANSIT TO OR FROM MY DESTINATIONS), RESULTING FROM ANY CAUSE, INCLUDING BUT NOT LIMITED TO NEGLIGENCE ON MY PART OR ON THE PART OF ANY OF THE RELEASED PARTIES; PROVIDED THAT THIS RELEASE OF LIABILITY SHALL NOT APPLY TO GROSS NEGLIGENCE OR WILLFUL OR WANTON MISCONDUCT.

We hereby warrant that we have read this Agreement carefully, understand its terms and conditions, and acknowledge that we are giving up substantial legal rights by signing it. We acknowledge we have signed this Agreement freely and voluntarily, without any inducement, assurance or guarantee. This Agreement represents the complete and entire understanding between the parties regarding these issues and no oral representations, statements or inducements have been made apart from this Agreement. If any provision of this Agreement is held to be unlawful, void, or for any reason unenforceable, then that provision shall be deemed severable from this Agreement and shall not affect the validity and enforceability of any remaining provisions.

We expressly waive any defense to the enforcement of any provision of this commitment arising from a claim of lack of consideration and warrant that this commitment constitutes a legal, valid, and binding obligation upon me enforceable against me in accordance with its terms.

We expressly agree that this assumption of risk, release, and indemnity agreement is intended to be as broad and inclusive as permitted by law. I further state that **WE HAVE CAREFULLY READ THIS AGREEMENT AND UNDERSTAND ITS CONTENTS, AND WE VOLUNTARILY SIGN THIS AGREEMENT AS OUR OWN FREE ACT.**

We understand and agree that no oral or written representations can or will alter the contents of this document. We agree that this agreement shall be governed by the laws of the State of Wisconsin, which shall be the forum for any lawsuits filed under or incident to this agreement or the above-described activities.

A photocopy or facsimile of this consent and release shall be as valid as the original.

Parent/Guardian Signature: _____ Printed Name: _____ Date: _____

Parent/Guardian Signature: _____ Printed Name: _____ Date: _____

Medicial Treatment Authorization for MINORS [under 18 yrs]
To Be Filled Out for children not in attendance with parent or legal Guardian

Spencer Lake Family Camp . PO Box 309 . Waupaca, WI 54981 . deb@wnmdag.org . 715.258.8118

MEDICAL TREATMENT AUTHORIZATION:

We, THE PARENTS AND/OR GUARDIANS OF Participant, understand that we will be notified in the case of a medical emergency involving the Participant. However, in the event that we, or either of us, cannot be reached, we authorize the calling of a doctor and the providing of necessary medical services in the event the Participant is injured or becomes ill. We authorize any one or more of the following persons to make emergency medical care decisions on behalf of the Participant, if required by law or a health care provider: Camp director or their authorized designee.

We, the parents and/or guardians of Participant, understand that 2020 Spencer Lake Family Camp and Wisconsin and Northern Michigan Assemblies of God or any of their agents, employees, or volunteers, shall not be responsible for medical expenses incurred on the basis of this authorization. We hereby agree to hold harmless, defend and indemnify 2020 Spencer Lake Family Camp and Wisconsin and Northern Michigan Assemblies of God, its parents, subsidiaries and affiliates, board members, officers, employees, agents and volunteers from all obligations, damages, losses, attorney's fees, defense costs, demands, investigations, actions, liabilities, claims, cross-actions, third-party actions, causes of action, of any kind or nature whatsoever, including the negligence or gross negligence of 2020 Spencer Lake Family Camp and Wisconsin and Northern Michigan Assemblies of God (collectively "claims") that may be asserted by anyone and that has any relation to the Participant. It is our express intention to defend, indemnify and hold harmless 2020 Spencer Lake Family Camp, and Wisconsin and Northern Michigan Assemblies of God from all claims arising out of or resulting from or in any manner relating to the treatment, medical or otherwise, of Participant.

We agree to notify 2020 Spencer Lake Family Camp in the event of any health changes which would restrict the Participant's participation in any activities. We also understand that 2020 Spencer Lake Family Camp's representative(s) reserve the right to restrict the Participant from any activity for any reason.

A photocopy or facsimile of this authorization shall be as valid as the original.

Parent/Guardian Signature: _____ Printed Name: _____ Date: _____

Parent/Guardian Signature: _____ Printed Name: _____ Date: _____