



Woodland Christian Camp & Retreat Center

90 Woodland Camp Road
Temple, GA 30179

P: (770) 562-3103
F: (770) 562-0067
information@woodlandcamp.org

www.woodlandcamp.org

On-site Participant Individual Release Form

We're glad that you will be attending Woodland Christian Camp. You ("You" herein includes your minor child) have the opportunity to grow spiritually while enjoying a variety of program activities available to you. These available activities include, but are not limited to, archery, ropes course, climbing wall, slip-n-slide, and mountain bike riding. As you understand, participants such as yourself, face the risk of psychological damage and/or injury not excluding fatality due to accidents which occur from participating in such activities. As you acknowledge, these activities have inherent and unpredictable dangers that no amount of care, caution, instruction, or expertise can eliminate.

Upon recognition of the nature of the activities involved, their inherent risk, and for the opportunity to voluntarily participate in these activities, by signature below, you waive, release and discharge Woodland Christian Camp, Inc., and its directors, officers, employees, volunteers, representatives, and agents from liability. You covenant with them that you will never institute any action at law or in equity for any personal injuries, or injuries to property, real or personal, caused by, or arising out of this trip. You further agree to indemnify and hold Woodland Christian Camp harmless against any and all costs, damages, and expenses which may be incurred by them as a result of any lawsuit you (or your agents) or any other might file against them or arising from your participation in activities at Woodland Christian Camp.

We may provide you with written guidelines and verbal instructions for participation in activities. While participating, you agree to follow such guidelines and instructions designed to minimize risk of harm.

You grant permission to medical personnel to order X-rays, routine tests, and treatment for your health, and in the event you are unable to assent during an emergency, you hereby give permission to the attending medical personnel to hospitalize, secure proper treatment and to order medical procedures and treatment as deemed necessary.

Photographs and/or video and sound recordings of you may be made during your time at Woodland Christian Camp. You authorize the use of such material by Woodland Christian Camp for its purposes.

We trust you will safely enjoy your time at Woodland Christian Camp and the activities in which you participate. Please attest to your agreement to the terms of the Release and Participation Agreement by signature below.

You also agree to abide by the rules, policies and regulations promulgated by Woodland Christian Camp, Inc. throughout your visit.

I have seen, read, and agree to the above.

Arrival Date: _____ Participant's Name: _____

Participant's Signature: _____ Date: _____

Parent/Guardian Signature required if under 18: _____

Date: _____ Phone Number: _____

Church or Group/Organization Name: _____

