



# UNITED CHRISTIAN YOUTH CAMP

## Participant Release Form

**NOTE TO GUEST:** United Christian Youth Camp 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:	
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:	

### INDEMNITY & CONTRACT AGREEMENT:

I acknowledge that in consideration of my voluntary agreement to come to United Christian Youth Camp (UCYC) and participate in any way in the events and all activities UCYC provides, that such participation may be dangerous and involve the risk of serious injury including death or damage. I will not sue, hold or attempt to hold United Christian Youth Camp, its employees, officers, directors, agents, operators, contractors, rescue personnel, or owners, liable for any loss, damage or injury to person or property caused by any act or neglect of other persons on or about the Property, or caused in any manner other than the willful or negligent act of United Christian Youth Camp, its agents and employees, and will indemnify and hold United Christian Youth Camp harmless of liability for damages or claims against United Christian Youth Camp arising out of or in any way related to any such loss, damage or injury. I will assume the risk associated therewith, whether known or unknown to me at this time. This release is also intended to include all claims of my family, estate, heirs, personal representatives or assigns.

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 \_\_\_\_\_