



ANGELES CREST CHRISTIAN CAMP

ADULT - Release, Waiver & Indemnity Agreement

Visitor/Volunteer Name: _____

Home Address: _____

Phone Number: _____ Email: _____

I agree to release and hold harmless Angeles Crest Christian Camp, its officers, Board, agents or employees, for any and all claims for injuries, causes of action, or liability related to my visit at Angeles Crest Christian Camp. This will include the use of any space, property or equipment occurring at Angeles Crest Christian Camp or on or around Angeles Crest Christian Camp. This release does not apply to intentional and/or willful acts of misconduct by Angeles Crest Christian Camp or any of its officers, Board, agents or employees.

Should Angeles Crest Christian Camp, or anyone acting on their behalf, be required to incur attorney's fees costs to enforce this agreement, I agree to indemnify, and hold Angeles Crest Christian Camp harmless for all such fees and costs.

By signing this document, I acknowledge that if anyone is hurt or property damaged during my stay, I may be found by a court of law to have waived any right to maintain a lawsuit against Angeles Crest Christian Camp on the basis of any claim that has been released herein. I have had sufficient opportunity to read this entire document. I have read and understood it, and agree to be bound by its terms.

MEDICAL RELEASE

I hereby give my permission to the physician or dentist selected by Angeles Crest to hospitalize, to secure proper treatment and/or order an injection, anesthesia, or surgery for me as deemed necessary if I am unable to give consent. I also authorize the first aid attendant on duty at Angeles Crest Christian Camp to administer medical aid as required for illness or injury under a physician's orders. The signature below is intended to serve as a medical release.

Signature _____

Date _____