

THE MASTER'S WORKSHOP CAMP
179 CHURCH CAMP LANE
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Liability Release Form

TO BE COMPLETED BY EVERY PERSON THAT PARTICIPATES IN CAMP ACTIVITIES

This agreement is made for camp activities for the _____ (year) summer camping season between

The Master's Workshop Camp and _____

(participant's First & Last Name, printed)

PLEASE READ CAREFULLY. THIS DOCUMENT CONTAINS A RELEASE AND WAIVER OF LIABILITY.

1. **Subject:** Participant recognizes and expressly agrees that participating in any adventure, course, sport or activity is inherently dangerous. Further, participant recognizes that certain safety precautions are followed, yet following these does not guarantee nor does The Master's Workshop Camp guarantee participant's safety.
2. **Waiver and Release from Liability:** Participant understands that The Master's Workshop Camp assumes no responsibility for injuries or illnesses that participant may sustain, a.) as a result of participant's physical condition, b.) resulting from participants participation in the activity, c.) as a result of another participant's or third person's actions, or d.) as a result of participant's use of The Master's Workshop Camp facilities, fields, and/or equipment in connection with the activities carried out during camps. The participant releases and agrees to hold harmless, defend and indemnify The Master's Workshop Camp and its directors, board members, staff, and supporters from and against any and all claims for personal injury (including loss of life) and all other losses or damages that the participant may suffer as a result of his or her participation and/or enrollment in The Master's Workshop Camp activities.
3. **Medical Consent:** Participant grants permission to The Master's Workshop Camp and its employees and staff to take the participant to a licensed physician for medical treatment, emergency surgery, or hospitalization if participant becomes ill, sustains an injury, or otherwise requires medical treatment or attention and The Master's Workshop Camp is unable to contact the emergency contact listed on medical form provided. The participant gives consent to any licensed physician to administer drugs or medicine, or to perform such medical procedures as that physician determines necessary for the relief of pain and to preserve the participant's life or health. Participant further authorizes The Master's Workshop Camp to give first aid, CPR, or other treatment by a qualified staff member to participant.
4. **Property Loss:** Participant understand and agrees that The Master's Workshop Camp is not responsible for personal property that is lost, damaged, or stolen in connection with attending camp.
5. **Binding Effect:** The agreement shall be binding upon participant, his or her heirs, estate, successors, and legal representatives.
6. **Acceptance:** If any portions of this waiver and release are held to be invalid, participant agrees the remaining terms shall continue to be in full legal force and effect. Participant understands and agrees that this waiver and release is binding upon me and my heirs, estates and legal representatives.
7. **Photo Release:** I grant The Master's Workshop Camp the absolute right to copyright, re-use, publish and republish by any medium, including electronically, any photos of participant in which they may be included, that may be taken while participating in The Master's Workshop Camp activities.

I have read and voluntarily signed this Waiver and Release of Liability.

Participants Signature or Parent/Guardian Signature if under age 18

Printed Name

Date: _____