

Fall Retreat Waiver and Release Form

*Thank you for registering for the Fall Retreat.
In order for your registration to be considered complete, we must receive your payment
and a copy of the signed waiver below.*

Liability Release and Consent

I, _____, hereby waive, release, and discharge any and all claims for damages for personal injury or property damages which may hereafter occur to me/my child as a result of participation in the retreat. This release is intended to discharge in advance retreat staff, volunteers, and Camp Smiling Acres from liability. It is understood that some recreational activities involve an element of risk or danger of accidents, and knowing those risks, I hereby assume those risks.

_____ (INT) I give permission for retreat staff to transport me/my child to the emergency room at the discretion of the retreat staff.

I give permission for the retreat staff to administer over-the-counter medication to me/my child at her discretion ____ (INT).

OR

I wish for the retreat staff to contact me before administering over-the-counter medication ____ (INT).

_____ (INT) I have read, understand, and agree to abide by the rules set by Camp Smiling Acres and the retreat directors. I understand that failure to comply with these rules can result in termination of my stay at the retreat with no refund.

Parental/Guardian Consent (Complete if applicant is under 18)

I, _____, give consent for my child, _____, to participate in the retreat activities, and I execute the above liability release on their behalf.

Parent/Guardian Signature _____ Print Name _____

Student Signature _____ Print Name _____

Date _____