



Indemnification and Release Agreement

Camp Name: _____ Camp Dates: _____

This form is to be completed by the Camper if aged 18 years or over, or by the Camper's parent or guardian if the Camper is under 18 years of age.

I, the undersigned, acknowledge that I have received, reviewed, and understand the information provided herein by Westminster College. I have been advised of and recognize the possibility and risk of injury associated with my/my child's participation in the Camp. I understand that the dangers and risks of participating in Camp activities may result in personal injury including, but not limited to death, neck and spinal injuries, complete or partial paralysis, brain damage and injury or impairment to internal organs, bones, joints, ligaments, tendons and other aspects to the muscular-skeletal system and injury or impairment to other parts of the body or my general health or well-being. In consideration of Westminster College accepting me/my child as a registrant for and participant in the Camp, I hereby release, waive, discharge, indemnify and hold harmless Westminster College, its Board of Trustees, officers, agents, employees, representatives and volunteers (collectively referred to as "Releasees") from any and all liability arising out of the Camper's participation in Westminster College's Camp. For purposes of this Indemnification and Release Agreement, "liability" means all claims, losses, actions, causes of action, lawsuits or judgments or demands of any kind, whether caused by the negligence of the Releasees, or otherwise, that the Camper or his/her heirs, executors, administrators and assigns may have, or claim to have or to be entitled to against the Releasees, save and except for any such liability arising from willful misconduct of the Releasees. The Releasees assume no liability or responsibility whatsoever for any personal property of the Camper that is obtained during, or brought along by the Camper to, the Camp activities.

In the event of an illness or medical emergency, I hereby authorize representatives of Westminster College to obtain medical treatment for me/my child. I hereby hold harmless and agree to indemnify Westminster College from any claims, causes of action, damages and /or liabilities, arising out of or resulting from said medical treatment. I further agree to accept full responsibility for any and all expenses, including medical expenses that may occur.

I agree that at all times while participating in the Camp, the Camper will conduct himself/herself in accordance with all applicable rules, regulations, and policies of the College and Camp. I acknowledge that failure to do so may result in the Camper's dismissal from the summer camp without reimbursement of fees.

Camper's Full Name (please print): _____ DOB: _____

Camper or Parent/Guardian's Signature: _____

Address: _____

Emergency Contact Name: _____ Phone: _____

Emergency Contact Name: _____ Phone: _____

Current medical conditions, allergies, or medical limitations: _____

Current medications (must be sent with participant in their original containers): _____

Insurance Carrier: _____ Group/Policy #: _____

Participant's Physician: _____ Phone: _____