

# Camp Wa-Ri-Ki Release of Liability at Camp Events

## Indemnity and Assumption of Risk

I understand and agree that Kiwanis Camp Wa-Ri-Ki at the at its day and night camping events, of which my child is a participant, involves certain risks and that regardless of the precautions taken by the organization, bodily injuries may occur. Activities take place both indoors and outdoors, where participants are subject to a variety of risks. Activities can include such actions as running, jumping, passing, kicking, catching, throwing, and physical contact with others during participation in contact and noncontact activities. Specific risks and hazards of the activities include but are not limited to the following: falling outside or in the dorms, bunks, or other facilities, slipping, tripping, sliding, bumps, bruises, cuts, abrasions, contusions, dislocations, sprains, broken bones, pulled muscles, eye injuries, drowning, fatigue, altercations, and sunburn.

Parents and children may be able to lessen the likelihood of such injuries by adhering to the following rules and procedures:

1. Understand and follow the rules of Camp Wa-Ri-Ki.
2. Follow directives of staff during Camp activities.
3. Report any hazardous situations to staff immediately.

In signing this release, I am granting my child permission to participate in the activities described previously. This release, indemnity, and assumption of risk statement covers all events and occurrences associated with the activities, including my child's participation and observation and associated food and transportation. If I have any concerns about my child's health or ability to participate, I agree to discuss my concerns with my physician before allowing my child to participate.

In addition, I agree that Kiwanis Camp Wa-Ri-Ki cannot be expected to control all of the risks associated with this type of event, and may need to respond to accidents and emergencies. I give the camp my consent to provide emergency necessary medical treatment needed in the medical opinion of a doctor, nurse, or emergency personnel rendering the treatment.

I agree to assume the risk that unexpected events may occur and result in harm, injury, or illness to my child, or damage to or loss of my property while my child is participating in or observing camp activities. I agree to indemnify and hold harmless Skamania County, Camp Wa-Ri-Ki including staff, board, and agents, Kiwanis International, Kiwanis Division 44 and all of its clubs and members, and not to sue any of the afore named organizations and their staff, board, or agents for any harm or damage associated with my child's participation or observation if the harm or damage is not due to the negligence or fault of Kiwanis Camp Wa-Ri-Ki. I understand that my child's participation is voluntary.

I have read the agreement and willingly signed for the consideration expressed and with a full understanding of its purpose for my child. *In this agreement, Kiwanis Camp Wa-Ri-Ki means its Board of Directors, and the Kiwanis organization and The Camp's staff and agents, plus the owners of the property – Skamania County.* **Initial:** \_\_\_\_\_

**Name of participant (please print)**

\_\_\_\_\_

**Signature** of parent or guardian

\_\_\_\_\_

Date \_\_\_\_\_

**Name of participant (please print)**

\_\_\_\_\_

**Signature** of parent or guardian

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**Name of participant (please print)**

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**Signature** of parent or guardian

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Date \_\_\_\_\_

**Name of participant (please print)**

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**Signature** of parent or guardian

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