RELEASE AND HOLD HARMLESS

Activity: **CAMP WILD** Date: **8/6/2018 – 8/10/2018**

1. I understand and accept that the activity(s) noted above expose me and/or my child to many risks. Some of the risks which may be present or occur include, but are not limited to, the matters and things contained in the program description which is attached hereto and made a part of this release by incorporation herein.

2. This activity(s) is not a requirement. I have freely chosen to participate. I hereby assume the risks associated with the activity(s).

3. This activity(s) may subject me or my child to rigorous physical exertion. I hereby state that I and/or my child is in sufficient physical condition to accept a rigorous level of physical activity. I have notified the organizers of this activity(s) of any health or medical conditions that I and/or my child may have that could affect participation in the activity(s).

4. IN CONSIDERATION OF AND AS A PART PAYMENT FOR THE OPPORTUNITY TO PARTICIPATE IN THIS ACTIVITY, I HAVE AND HEREBY RELEASE AND WILL HOLD HARMLESS BUNCOMBE COUNTY, ITS OFFICIALS, EMPLOYEES, OR AGENTS; THE BUNCOMBE COUNTY SOIL AND WATER CONSERVATION DISTRICT, ITS OFFICIALS, EMPOYEES, OR AGENTS; BUNCOMBE COUNTY BOARD OF EDUCATION, MARK ETHRIDGE, AND ALL OTHER ACTIVITY ORGANIZERS AND VOLUNTEERS FROM ANY AND ALL LIABILITY, ACTIONS, CAUSES OF ACTION, DEBTS, CLAIMS, AND DEMANDS OF EVERY KIND AND NATURE WHATSOEVER, AND SPECIFICALLY INCLUDING ANY CLAIM FOR NEGLIGENCE OR NEGLIGENT ACTS WHICH I OR MY CHILD NOW HAVE OR MAY ARISE OUT OF OR IN CONNECTION WITH MY TRIP OR PARTICIPATION IN THIS ACTIVITY(S). THE TERMS HEREOF SHALL SERVE AS A RELEASE, INDEMNIFICATION, AND ASSUMPTION OF THE RISK FOR MY HEIRS, SUCCESSORS, EXECUTORS, ADMINISTRATORS, AND ALL MEMBERS OF MY FAMILY.

5. Prior to signing this document, I have had adequate opportunity to read it and the attached activity description and understand the nature of the activity(s). I have had an opportunity to ask questions about the activity(s) and any questions I have asked have been answered to my satisfaction.

Participant:

_____

Signature Printed Name Date

Parent/Guardian:

_____

Signature Printed Name Date

Photo Release: I understand that pictures are taken during camp activities and a limited number may accompany stories about the camp published in local newspapers, used in the Camp Wild brochure, used for camp promotional materials, or placed for a time on the education page on the District's website. I give my permission for my child's picture to be used in the manner described above.

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Parent/Guardian