



Participant Assumption of Risk & Release

IN CONSIDERATION of my being permitted to participate in the activities at Glen Lake Camp and Retreat Center ("GLC"), I the undersigned, in full recognition and appreciation of the dangers and hazards inherent in participating in such activities and in the circumstances to which I may be exposed during participation in the activities, do hereby agree to assume all the risks and responsibilities surrounding and pertaining to my participation in the activities; and

FURTHER, I do for myself, heirs and assigns, hereby agree to defend, hold harmless, indemnify, release and forever discharge all employees and volunteers, and all its officers, agents and employees from and against any and all claims, demands, and actions, or causes of action, on account of damage to personal property, personal injury, death which may result from my participation in said activities which results from causes beyond control of, and without the fault or negligence of, GLC, its officers, agents or employees, during the period of my participation in the activities.

I understand medical care is the responsibility of and provided by the group I am attending with and not by Glen Lake Camp. I affirm that any medical information regarding me/my child has been provided to the **Group Leader**. I understand that it is my sole responsibility to notify the **Group Leader** of any and all medical needs and activity restrictions I/my child may have. **It is the group leader's responsibility to share physical limitations to GLC Activity Staff.**

I understand my insurance coverage will be the primary coverage in the case of an accident/seeking medical treatment. If the group/church I am attending with carries coverage, I understand their policy will be secondary coverage.

In case of needed emergency medical treatment, I hereby give permission to the physicians selected by the Executive Director of Glen Lake Camp & Retreat Center (Glen Lake Camp) or his/her designee to secure treatment for me/my child. I further authorize Glen Rose Medical Center and all other medical facilities providing treatment to release pertinent information to Glen Lake Camp staff for the purpose of emergency contact and/or parental/guardian notification. I recognize the natural risks of injury or disability inherent in me/my child's participation in Glen Lake Camp's recreation program, and hereby assume the risk of injury that could result from these activities not excluding waterfront, water park, zipline and rock-climbing wall. I release Glen Lake Camp and the Central Texas Conference of the United Methodist Church and the employees and volunteers of all such entities from liability for injury to myself/my child from participation in these and other programs.

I give my permission for my/my child's photo(s) to be utilized at the discretion of Glen Lake Camp which includes their website. However, I understand no name will be used with the photographs.

Assumption of the Risk and Waiver of Liability **Relating to Coronavirus/COVID-19**

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. As a result, federal, state, and local governments and agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people. GLC is doing everything we can to be compliant with all regulations and ensure your safety. We have put in place preventative measures to reduce the spread of COVID-19, but we cannot guarantee that you or your family members will not become infected with COVID-19. Further, participation could increase your risk of contracting COVID-19.

By participating in programs, services, and activities of Glen Lake Camp, you agree to the following:

On behalf of yourself, your children, or guardianship, you hereby release, covenant not to sue, discharge, and hold harmless Glen Lake Camp, its employees, agents, and representatives, of an from all liabilities, claims, actions,

damages, costs, or expenses of any kind arising out of or relating to your participation in our programs, services or activities. You understand and agree that this release includes any claims based on the actions, omissions, or negligence of this organization, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any such program, service, or activity.

My signature below confirms that I fully understand and agree to this document.

Date: _____

SELF PARTICIPANT AGREEMENT

(Complete for Participants 18 years and over)

Participant Signature:

Participant Name Printed:

Address _____

City _____

State _____ Zip _____

Telephone (____) ____ - _____

Email:

PARENT/GUARDIAN AGREEMENT

(Complete for participants under the age of 18)

In consideration of participants noted below, being permitted to participate in these activities, I further agree to indemnify and hold harmless Releasees from any claims alleging negligence which are brought by or on behalf of minor or are in any way connected with such participation by minor.

Parent/Guardian Signature:

Parent/Guardian Name Printed:

Participants Name Printed:

Parent/Guardian Address

City _____

State _____ Zip _____

Telephone (____) ____ - _____

Email:
