Camp Milestone

Release and Waiver of Liability/Emergency Medical Authorization/ Consent

Release of Liability

I (parent/guardian) _____am giving my authorized consent for my child (name) _____ to be a participant of Camp Milestone Summer Camp. I expect and understand that all Milestone's personnel and volunteers will be responsible for providing the best care, protection, supervision and guidance for my child as is possible while attending camp. However, by signing below, I understand and agree that I am releasing Camp Milestone of liability.

I, my executors, administrators agree forever to RELEASE, WAIVE, DISCHARGE, AND COVENANT NOT TO SUE Camp Milestone, its owner, employees, officers, volunteers, affiliates and the hosting church/school and its affiliates (collectively referred to "Released Parties") for any and all personal injuries, death, loss of or damage of property, or any other damages whatsoever.

In the event that any claim arising out of or related to personal injury, death or damage to me or my child, I shall indemnify and hold harmless the Released Parties from any and all such claims, including attorney's fees incurred in defense of such claims.

MEDICAL RELEASE

I understand that the Released Parties do not have medical personnel available. In the event of illness or injury arising out of my child's participation with Camp Milestone, I give my consent and authorization for (1) the administration of emergency first aid care, (2) the transfer to any hospital reasonably accessible.

MEDIA RELEASE

I understand that my child may be photographed or videotaped while at Camp Milestone or during Milestone's outings. I give my consent and permission for photographs and videos of my child for public relations, news articles, telecasting, research, fund raising or any other legal usage by Camp Milestone and/or its affiliates and hereby waive any rights of compensation or liability for such use.

I HAVE CAREFULLY READ THIS ENTIRE RELEASE, WAIVER OF LIABILITY, EMERGENCY MEDICAL AUTHORIZATION, AND MEDIA CONSENT FORM. I FULLY UNDERSTAND ITS CONTENTS. I HAVE SIGNED THIS FORM OF MY OWN FREE WILL AND I AGREE TO BE LEGALLY BOUND BY IT.

Child's Name (Print) _____

Parent or Legal Guardian's Name (Print) _____

Parent or Legal Guardian's Signature _____