

## RISK ACKNOWLEDGEMENT AND RELEASE FORM FOR PARTICIPATION IN CAMP ACTIVITIES

Please read this agreement CAREFULLY before signing. If the participant is a minor (under the age of 18), all documents must also be signed by either a parent or legal guardian. All reference to "participant" deemed to include the parent or legal guardian of any participant who is a minor or the entire family in case of a family camp or retreat.

It is expressly agreed by participant or, if applicable, participant's parents or legal guardian that Miracle Camp & Retreat Center (MCRC) shall not be held liable for any losses of personal property or for any bodily injuries, or the results thereof, incurred and suffered by the participant on any property of MCRC or in connection with any activities or programs of MCRC. Participant, and if applicable, participant's parent of legal guardian expressly agrees to indemnify and hold MCRC harmless against any and all claims, demands, damages, costs or attorney's fees, rights of action, or causes of action, of any person or entity, that may arise from injuries or damages sustained by the participant during or as a result of his or her participation in activities at MCRC.

MCRC programs may include but are not limited to participation in waterfront activities (such as blob, water slide, water trampoline, etc.), initiative courses and games, ropes courses, climbing towers and walls, the zip line, paintball, trap shooting, archery, hayrides, miniature golf, tobogganing, tubing, bonfires, hiking, camping in an outdoor setting, and riding in a MCRC vehicle. The purposes of the program are to provide participants with safe, challenging, experiential activities which require problem solving, decision making, self and group awareness, trust, cooperation, care and consideration of others. The activities will be discussed in light of the program objectives that have been predetermined by MCRC staff and leaders from your organization. Unless otherwise expressly indicated in writing by parent or legal guardian of participant, participant may engage in any activity at MCRC.

The participant and, if applicable, participant's parent or legal guardian are aware in signing this form that certain elements of the program are physically and emotionally demanding, and that not all hazards and dangers associated with the activities can be foreseen. The participant and, if applicable, participant's parent or legal guardian understands that certain risks, dangers and injuries, including fatality, due to acts of God, inclement weather, slipping, falling, insect bites, equipment failure and all other circumstances inherent to outdoor settings may exist in the program's activities. The participant and, if applicable, participant's parent or legal guardian also agrees that it is impossible for MCRC to guarantee absolute safety.

The participant and, if applicable, participant's parent or legal guardian understands and voluntarily assumes all such risks, dangers and injuries associated with participation in this program and agrees that neither MCRC, its director, staff nor other representatives in any capacity shall be liable for any loss, damages, or injuries resulting to the participant by acts of negligence, breach of contract, strict liability, or otherwise. The participant or, if applicable, participant's parent or legal guardian further agrees to release, indemnify and hold MCRC, its director, officers, staff and agents harmless from or for any claims, causes or action, liabilities or damages that may arise resulting from or in connection with his/her participation in the program.

Furthermore, the participant or, if applicable, participant's parent or legal guardian understand that participation in MCRC's programs and activities is completely voluntary. The participant expressly agrees to obey all of the program safety regulations and direction by the program's leaders. The participant or, if applicable, participant's parent or legal guardian voluntarily assumes and accepts responsibility for all risks, dangers and injuries resulting from either his/her failure to obey safety regulations and directions of activity leaders or from the exercise of judgment by such activity leaders made in good faith based on then existing circumstances.

The participant and, if applicable, participant's parent or legal guardian has read and understands the above form and understands the above Participant Agreement/Acknowledgment and Release Form. The participant's signature(s) on this document is also intended to bind his/her/their successors, heirs, representatives, administrators and assigns.

Participant or, if applicable, participant's parent or legal guardian assume responsibility for restricting any activities agreed upon and listed above. Participant or, if applicable, participant's parent or legal guardian assume full responsibility for participant's health and certify that participant is free of or will notify his/her instructor of any medical, physical or emotional conditions which might create undue risk for participant or others. Participant will exercise good judgment regarding his/her health, safety and wellbeing while participating in the program. If for any reason participant questions his/her ability to participate in the activity, participant will tell his/her instructor prior to participation.

Participant or, if applicable, participant's parent or legal guardian hereby grant permission to the medical personnel selected by the camp director, program director, or other leadership staff to order xrays, routine tests, hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for participant. Participant or, if applicable, participant's parent or legal guardian also grant permission for medical personnel to obtain access to necessary medical, psychiatric or social work records.

Participant and, if applicable, participant's parent or legal guardian certify that photographs and videotape pictures of participant engaging in camp activities may be used in promotional materials for the camp. Participant and, if applicable, participant's parent or legal guardian give permission for MCRC to send emails regarding upcoming events and news (we will not sell your information). This form may be photocopied for use out of camp.

Participant Name (Please print):			Male	Female
Group or Church Name:				
Email:	Cell:			
Address:				
City:	State	Zip		
Signature	Date			
Complete & sign section below by parent/guardian for minor (under 18) for emergency contact: Parent/Guardian Name: Phone:				
Parent/Guardian Signature:		Date:		
Miracle Camp and Retreat Center   25281 80th Ave. Lawton, MI 49065				

(269).624.6161 info@miraclecamp.com

## Miracle Camp and Retreat Center REQUIRED COVID 19 SUPPLEMENTAL RELEASE:

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread primarily through person-to-person contact. As a result, social distancing is recommended as a preventative measure. It's possible that the current strain of COVID-19 may change or mutate over time, the scope of which is unpredictable.

Although Miracle Camp and Retreat Center (MCRC) is undertaking certain precautions designed to reduce the spread of COVID-19, MCRC cannot guarantee that you, your child, your family, your group members or other visitors will not become infected with COVID-19 while on the camp's property, while being transported in connection with camp, or while engaged in any camp-related activity.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and I voluntarily assume the risk that I or my child, family member or group may be exposed to or infected by COVID-19, while at MCRC, while being transported in connection with camp, or while participating in camp-related activity. I further acknowledge that such exposure or contraction of COVID-19 may result in personal injury, illness, permanent disability and/or death, as well as medical expense and other costs associated with contraction of the disease.

I understand that the risk of becoming exposed to or infected by COVID-19 at MCRC may result from the acts, errors, omissions, or negligence of myself and others, including, but not limited to, MCRC employees, volunteers and other campers. I voluntarily agree to assume all the foregoing risks and accept sole responsibility for any injury, illness or death to myself, my child, my family member, or member of my group. If covid symptoms develop while at camp, I hereby give permission for Miracle Camp (or its designated health officer) to administer a COVID rapid test to determine a campers' ability to stay at camp (or need for quarantine). Furthermore, per State Health Department regulations, if someone from my group develops COVID symptoms or tests positive for COVID, that individual and all individuals in close contact with that individual will be quarantined until accommodations to return home are made.

On behalf of myself, my child, my family member, and any member of my group for whom I am responsible, I hereby release, covenant not to sue, discharge, and hold harmless MCRC, its employees, leaders, owners (Fellowship of Evangelical Churches), agents, and representatives, of and from any claim of any kind, including all liabilities, claims, actions, damages, costs or expense of any kind arising out of or relating to the contraction by any person of COVID-19, or any mutation or variation thereof.

## **HEALTH SCREENING PROMPTS**

Please review the following statements within 24 hours of your planned arrival at Miracle Camp. By signing you affirm that none of these statements apply to you and you can attend camp as healthy and as safe as possible.

I have not, within the past 10 days prior to my planned arrival at camp...

- 1. ...tested positive for COVID-19.
- 2. ...been deemed a contact of anyone who has tested positive for COVID-19.
- 3. ...had a fever over  $100.4^{\circ}$ F.
- 4. ...experienced new or worsening cough, shortness of breath, sore throat, chills, loss of taste or smell, vomiting, diarrhea, muscle pain, or nausea.

## \* If you cannot affirm all four of these prompts but would still like to see if it's possible to attend camp, please contact our camp office at (269).624.6161 so we can review your specific situation\*

I have read the COVID-19 supplemental release, affirmed the validity of the health screening prompts, and, to the best of my knowledge, am not suspected risk of transmitting COVID-19 to others. Up until my arrival, I also will continue to monitor my symptoms for COVID-19 as well as suspected contact with anyone who may have tested positive for COVID-19. If I suspect I have COVID-19, I will not attend Camp.

Participant Name (please print):

Signature: \_\_\_\_

Date: \_