

## 4-H Camp Kidwell Waiver and Release of Liability

Participant & Parent/Guardian Name: \_\_\_\_\_ / \_\_\_\_\_  
Participant (print) Parent/Guardian (print)

Please ***INITIAL*** below to indicate that you have read, understood and agree to the section following your initials. Parents/guardians/legal representatives should initial on behalf of participating minor after discussing each section with them, indicating that both the minor and the parent/guardian/legal representative agree to each section.

\_\_\_\_\_ I state that I am not now under the influence of any chemical substance including alcohol, and that I will not be under the influence of any substance when participating in the camping program at 4-H Camp Kidwell. I realize participating in camping based activities while under the influence of a substance would endanger myself and others.

\_\_\_\_\_ I am aware that I might be photographed, videotaped and/or recorded through other media types during my participation, and authorize such media to be used by 4-H Camp Kidwell in training and/or promotional materials at any point in the future. I understand that my name will NOT be used and/or published in any way and that I will not receive compensation for the use of such photographs and/or videotapes.

\_\_\_\_\_ I understand that camping activities such as, but not limited to, swimming, horseback riding, canoeing, climbing tower, high ropes course, etc are, by their nature, physically and emotionally demanding, and that participating in camp activities may involve risks such as walking, bending, twisting, pulling, lifting, running, jumping, swinging, increased heart or breath rates and/or physical contact with others.

\_\_\_\_\_ I understand that although the 4-H Camp Kidwell staff will make every reasonable effort to minimize exposure to known risks, not all dangers and hazards can be foreseen (i.e. cuts, bruises, scrapes, fractures, dislocations, fatalities, etc.). I am aware that certain risks and dangers exist in the activities that are beyond the control of 4-H Camp Kidwell and their employees.

\_\_\_\_\_ I understand that I have the right and the responsibility to limit my participation in any activity that I believe will compromise my safety, and agree to notify a 4-H Camp Kidwell employee if I have safety concerns. 4-H Camp Kidwell practices the "Choose Your Challenge" philosophy. This means, if I choose to physically participate in any of the activities, I voluntarily assume all risks associated with such participation.

\_\_\_\_\_ I understand that 4-H Camp Kidwell staff has the right to deny my participation and that it is my responsibility as a participant to follow the instructions, guidelines, and procedures established by 4-H Camp Kidwell. If, at any time, I do not understand or have not heard specific instructions provided by 4-H Camp Kidwell, I realize it is my responsibility to ask for clarification and/or assistance before any participation.

\_\_\_\_\_ I understand and assume all dangers and risks (both known and unknown) associated with my participation in the camping program and waive, release and discharge 4-H Camp Kidwell and their agents, officers, and employees from all claims or causes of action arising from my participation. I do hereby release 4-H Camp Kidwell, and their agents, officers, and employees from any and all liability, even if arising from the negligence of the releasees, and agree to indemnify and ever have as a direct or indirect result of participating in the challenge course program. This release, indemnification, and waiver shall be construed broadly to the maximum extent under applicable law.

\_\_\_\_\_ My signature on this document is also intended to bind my representatives, administrators, successors, heirs, next of kin, and assigns on my behalf.

*By signing below I am agreeing that I have carefully read and agree to all of the sections initialed above.*

\_\_\_\_\_  
Participant Signature (Minors must sign) Date

\_\_\_\_\_  
Parent/guardian/legal representative signature Relationship Date  
(Required if Participant is under 18 years of age)

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## 4-H Camp Kidwell Camper Release Form

When a child is registered to attend 4-H Camp Kidwell, it is expected that the child will arrive at camp by the designated time for the week of camp he/she is attending. If the camper does not arrive at the designated time, we become concerned for the welfare of the child and their family. If unforeseen circumstances arise, please be sure to notify us so we know what is happening. If the camper doesn't arrive within an hour of normal registration time, a 4-H Camp Kidwell representative will attempt to make contact with the camper's family. If no contact is made within 24 hours local authorities will be contacted.

After campers are registered and the parents leave 4-H Camp Kidwell and all staff members are responsible for their well being. Campers will not be allowed to leave the camp until the time of pick up for the session they are attending or an authorized person makes a written or verbal request to pick the child up at another time (Unseen circumstances, doctors appointment, sporting events, etc.). In this case, the campers legal guardian should make contact the Camp Director to verify these changes. Before a camper can leave the camps care, the authorized person must sign the children out with the health officer or another authorized staff member. The only persons who the camper can be released to are those individuals listed below. A release log shall contain the camper's name, the date, the time of release, and the authorized person's printed name and signature.

When a custodial parent requests a camper not be signed out to a non-custodial parent, such request must be made in writing. Under no circumstances is a camper to be left alone at camp during closing. If a camper is not picked up at the predetermined time, a phone call will be made to the authorized person. If contact cannot be made, the emergency contact person will be called. As a last resort, if no one has come by 3:30 p.m., the sheriff will be called and the episode will be treated as a child neglect situation until the situation is resolved.

### INDIVIDUALS AUTHORIZED TO PICK UP

My child can be picked up at the predetermined time by any of the following individuals. (Please list any person(s) who may pick up your child)

\_\_\_\_\_  
Name Phone #

\_\_\_\_\_  
Name Phone #

\_\_\_\_\_  
Name Phone #

\_\_\_\_\_  
Name Phone #

\_\_\_\_\_  
Name Phone #

\_\_\_\_\_  
Name Phone #

### NO CONTACT LIST

Is there anyone with whom the camper should **NOT** have contact or be picked up by?      YES                      NO

\_\_\_\_\_  
Name Relationship

\_\_\_\_\_  
Name Relationship

I have read the above and agree to abide by the release policy.

\_\_\_\_\_  
Parent/Legal Guardians Name

\_\_\_\_\_  
Date

**Parent/Legal Guardians Signature**

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