



Release and Hold Harmless Liability Waiver

Confidential! Any information will be made available only

To course leaders & medical personnel in the event of an emergency.

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Participants Name _____ Date _____ Organization _____
 Address _____ City _____ State _____ Zip _____
 Gender: M/ F Date of Birth _____ Height _____ Weight _____ Phone _____ Email _____
 Person to be Notified in Emergency _____ Phone _____ Relationship _____
 Insurance Carrier _____ Policy # _____

All Saints Indemnity Agreement: When working outdoors and leading physical activities, safety is our main concern. Our activities and equipment are regularly inspected before use and checked annually for our archery, high ropes, challenge course, and waterfront activities. We will discuss basic rules of safety and provide the special organization, supervision, instructing and equipment you need to participate. It is impossible for us to eliminate all risk, however, and participants must commit to follow instructions and use sound personal judgment. This will contribute greatly to everyone’s wellbeing. By signing this waiver, the participant and/or guardian accepts that there are inherent risks and hazards in activities associated with and agrees to hold All Saints harmless.

I, as a participant or parent/guardian of a participant, understand I will be participating in activities that involve periods of physical exertion, balancing, heights (up to 50’), lifting, pushing, pulling, swimming, boat and climbing. I know most activities will be outdoors where I will need to watch for slippery and/or uneven footing, limbs and branches, insects/animal and possible exposure to extreme or inclement weather. I fully understand that my physical activity involves risk of injury.

I understand I will not be forced to do any activity and that despite all reasonable precautions taken, a guarantee of absolute safety is impossible. I agree to exercise good personal judgment, to ask for help if I am concerned about my safety and to be responsible for deciding if a proposed activity is appropriate for me. I agree to inform my instructors of any physical, mental, or medical condition that might affect my ability to participate or affect other members of my group. I realize that failure to tell that information could result in serious harm to me or others. I also state that I am not under, the influence of any chemical substance, including alcohol. I agree to comply with safety instructions given and to be responsible for my personal safety and wellbeing.

I/we agree to hold All Saints, the Diocese of Dallas, its Directors, Officers, Employees, Agents, and/or Associates harmless for any accidents, injury, loss of or damages to personal property that may occur. I/we understand that all possible precautions are taken insuring that all programs and activities sponsored by All Saints are conducted by mature and qualified personnel in a safe and responsible manner. I voluntarily assume the risk of the activities and agree to report any injuries immediately.

COVID-19: I 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 hosted or programmed event by this organization.

In the event of an emergency, I/we understand every attempt will be made to contact the parents/guardian. In the event the parent/guardian cannot be reached, I/we give permission to the medical personnel selected by camp personnel to order X-rays, routine tests, treatments, and necessary transportation for me or my child. In the event I cannot be reached by camp personnel, I hereby give permission to the physician selected by camp personnel to secure and administer treatment, including hospitalization for me or my child named above. I/we have read and understand all materials outlining the waterfront/high ropes/archery/challenge course, including this waiver and agree to abide by these terms. I am aware this is a waiver and a release of liability and I sign it voluntarily.

Photo Release: I, as a participant or parent/guardian of a participant grant permission for the videotaping and/or photographing of myself and the participants. Identifying information such as name, address, ages, and parents (in the case of a minor) may be included. The videotapes and/or photographs will be used by the staff specifically for: Photo sharing, website, and promotion. No other use of the videotapes and/or photographs shall be allowed.

If you have reason to decline the photo/media release, please initial here _____

Signature of Parent / Guardian _____ Printed Full Name _____ Date _____

Signature of Participant _____ Printed Full Name _____ Date _____

This form MUST be on file in to participate in activities at All Saints Camp and Conference Center