

# Awanita Valley Liability Release Form

SPONSOR SHOULD MAKE COPIES FOR EACH CAMPER

**We reserve the right to refuse service to anyone who does not have an Awanita Valley liability release form signed by the proper individual, and/or parent or guardian.**

**If you or your child has existing medical limitations, including allergies, which would affect or limit you or your child's participation in any camp activity, or of which medical personnel should be aware of, please indicate below.** Without such notice, it will be assumed that you or your child is physically fit and mentally capable of participation in ALL activities.

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- \*\*Please notify the leader of your group of any medical limitations or special needs.
- \*\*The leader of your group will be responsible for taking care of these special needs.

Awanita Valley, Donald Baltz Foundation, and, **Oak Grove United Methodist Church**

Church or Group Name

including employees and representatives of the aforementioned organizations shall be held harmless from any suit, action, damages, or claims at law or otherwise resulting from or arising out of any injury, accident, or illness which may befall on \_\_\_\_\_ and his/her property while a camper at Awanita Valley.

Name of Camper

If the camper is a minor, this covenant is applicable to the camper and his/her parents or guardian.

The undersigned parent or guardian hereby authorizes **Oak Grove United Methodist Church**

Church or Group Name

or employee to take such action as may be necessary for the medical care or treatment including the administration of medication, permission for surgery, or other such action as needed in the event of injury or illness of camper or when parent or guardian cannot be reached for authorization. In the event the authorized person refuses or is not able to act, Awanita Valley personnel are authorized as set forth above. This authorization may be presented to medical personnel without liability of said personnel to seek further authority.

I understand that as a participant, my child may be photographed or videotaped during normal camp or event activities and these photos/videos may be used in promotional materials. I authorized my child to share or not to share their email address with Awanita Valley for future camp updates.

\_\_\_\_\_  
Signature of Camper

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian, if camper is under 18 years of age

\_\_\_\_\_  
Date