## Guest Retreat Participant Acknowledgement and Release of Liability



Church or Organization Name: \_\_\_\_\_

Retreat Group Name: \_\_\_\_\_ Dates of Retreat: \_\_\_\_\_

**Warning** - There are significant elements of risk in any activity during retreat programs. These activities include, but are not limited to; zipwire, sky swing, climbing wall, horseback riding, waterslide, pellet guns, archery, paddle boats, pond activities, field and gym games, and activities played inside the Main Lodge.

I, \_\_\_\_\_, understand and certify that participation in (Printed First Middle Last Name)

New Life Bible Camp and its activities is completely voluntary (information regarding the camp's program and activities are available by visiting the website below). I recognize that certain hazards and dangers are inherent in camp events and programs. I acknowledge that although New Life Bible Camp has taken safety measures to minimize the risk of injury to camp participants, New Life cannot ensure nor guarantee that the participants, equipment, premises and/or activities will be free of hazards, accidents and/or injuries. I further recognize the importance of knowing and abiding by the camp's rules, regulations and procedures for safety of all camp participants.

By my signature below, I agree to indemnify, waive all claims, and hold New Life Bible Camp harmless against any and all costs, damages, and expenses which may be incurred by them as a result of any lawsuit I (or my agents) might file against them or arising from my participation in activities at New Life Bible Camp. I also hereby give my permission to the physician selected by the camp or Retreat Group leader to hospitalize, secure proper treatment for; and order injection, anesthesia, or surgery for me. I also grant permission for the above named to be included in camp photos, audio, and/or video that may be used for promotional purposes.

Participant's Signature:	Date:	
*If participant is 17 years old or younger, parent signature is required.		

\*Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE:** Return this completed and signed form to your Retreat Group leader. <u>This form is</u> <u>required</u> for you to attend a retreat at New Life Bible Camp and participate in any activities. Any questions, concerns, or comments regarding the content should be directed to the camp.

New Life Bible Camp, Inc.451 Tar Water Hollow Rd, Buffalo Mills, PA 15534(814) 842-3325 • <a href="http://www.newlifebiblecamp.com">www.newlifebiblecamp.com</a>