

# WMC Camp Permission and Release Form



The agreement is between the registered, participating, guest (Persons 18 years or older, or person's legal guardian must complete the form on behalf of the camper or guest attending an event) hereto referred to as 'PARTICIPANT' and White Memorial Camp, White Memorial Camp Management Group, Inc., its employees and associated parties hereto referred to as 'WMC'.

**Release of Liability/Assumption of Risk:** In consideration of 'PARTICIPANT' being permitted by WMC. to participate in its activities and to use its equipment and facilities, I further agree to indemnify and hold harmless WMC, its employees and associated parties from any and all claims which are brought by, or on behalf of Minor, and which are in any way connected with such use or participation by 'PARTICIPANT'. I assume full responsibility for 'PARTICIPANT' health being such that the activities will in no way aggravate any conditions present. WMC will be notified of any changes 'PARTICIPANT' health status prior to the activity/trip departure. I declare the statements on this form to be true. I, PARTICIPANT, hereby release, discharge and agree to indemnify and hold WMC harmless from, and waive on behalf of myself, my heirs and successors, any and all causes of action, claims, demands, damage, costs, expenses and compensation or loss to myself that may be caused by any act, or failure to act of WMC, or that may otherwise arise in any way in connection with any activities with, or at WMC. I, PARTICIPANT, understand that this release discharges WMC from any liability or claim that I may have against WMC with respect to any bodily injury, illness, or death that may arise from or in connection with my activities. This liability waiver and release extends to WMC together with all its Board of Directors, all parent or member entities and their Board of Directors, all affiliated entities and their Board of Directors, and employees. By signing below, I voluntarily agree to comply with the written instructions above and the assumption of risk and waiver of liability. Failure to comply with these written instructions or verbal instructions from staff may result in my privileges being removed and I may be asked to leave the premises

**Permission to Search:** If necessary, WMC staff, with approval from Camp Director and User Camp Representative, may search PARTICIPANT's belongings with a witness present only when the health, well-being, or safety of the camper or others requires it. Parents/Guardians will be notified if a search takes place.

**Challenge Course Acknowledgement and Assumption of Risk:** Unless otherwise stated in writing or included in Health Forms submitted to WMC, I acknowledge that 'PARTICIPANT' is permitted to utilize the WMC Challenge Course. Agreeing below acknowledges that during this challenge course experience, certain dangers and risks may occur. These include, but are not limited to, the dangers of being at heights of up to 50 feet above the ground, damage to personal property, physical or psychological damage, and/or injury, not excluding fatality, due to accidents that may occur and/or result from participating in this challenge course activity. PARTICIPANT understands that while participating in this challenge course they will be subjected to elements of nature including inclement weather and varying temperatures. PARTICIPANT acknowledges the weight limit for the high ropes and zip-line events to be 250 lbs. PARTICIPANT will notify WMC facilitators of limitations they should be aware of which may hinder participation in this activity. However, PARTICIPANT understand that it is solely their responsibility to determine whether there is any medical reason that they should not participate in this activity.

**COVID 19 Risk, Policies, and Waiver of Liability:** I, PARTICIPANT, hereby acknowledge that WMC has implemented certain policies, procedures, and processes to protect its workers, participants, visitors, and volunteers from the acquisition and spread of COVID 19. To this extent, I agree to follow all WMC policies, procedures, and processes as well as any Center of Disease Control (CDC) and local public health guidelines to reduce the likelihood of acquiring or spreading of COVID 19.

I, PARTICIPANT, acknowledge that I have voluntarily registered to attend WMC program and facilities. I understand that there is no compensation or direct medical health coverage afforded to me during my relationship with WMC and WMC is not responsible for any potential exposure to COVID 19. Due to the nature of COVID 19 I understand that even if I follow all policies, procedures, and processes I still may be exposed to COVID 19 and I may acquire COVID 19 through my participation in a program at WMC. I fully understand and appreciate the risks that are inherent to my activities at WMC, including but not limited to the risk of exposure to COVID 19. I, PARTICIPANT, hereby assume the risk of bodily injury, illness, and death resulting from my activities even if resulting from the negligence of WMC or its employees, volunteers, patients, or visitors. I understand that certain inherent factors may make me more susceptible to acquiring COVID 19 or may increase the likelihood of severe symptoms, including death, if I contract COVID 19, and I have taken such factors into consideration and discussed any concerns with my physician(s) prior to participating in a WMC experience at the WMC property.

**Media Release:** I grant permission to White Memorial Camp, its agents, and its employees the irrevocable and unrestricted right to produce photographs and video taken of my child, myself, and members of my family while at White Memorial Camp for any lawful purpose including publication, promotion, illustration, advertising, trade, or historical archive in any manner or in any medium. I hereby release White Memorial Camp and its legal representatives from liability for any violation or claims relating to said images or video. Furthermore, I grant permission to use the statements of my child, myself, or my family members given during an interview or evaluation with or without my name for the purpose of advertising and publicity without restriction to time limit or geographic area. I waive my right, my child's rights, and my family's rights to any and all compensation stemming from the use of these materials.

To help protect our campers and guests, White Memorial Camp will not identify campers or guests in its social media or other media postings unless the person or their legal guardian requests in writing that their camper be identified in such media

**Swimming Notice:** I acknowledge that unless prior arrangements were made, there will be no lifeguard or instructors on site for activities

such as swimming in the pool and therefore I (and/or my minor) swim at my own risk. While in or on the lake myself/my child will use a lifejacket.

**Permission to Treat and Medical Permission:** Authorization to Provide Emergency Care: I understand that every reasonable effort will be made to contact me (Parent/Legal Guardian) at the contact information I have provided in the event of an emergency. If I cannot be reached at the contact information supplied, I hereby give permission to the physician selected by WMC, to hospitalize, secure treatment for, and to order injection, anesthesia, or surgery for PARTICIPANT. I give permission for the release of the Health Forms and Physicals as well as any accompanying information or medical records to medical professionals in the event of injury or illness. I give permission for PARTICIPANT to be transported by WMC to the necessary medical facility. Currently, this is Morris County Hospital.

Authorization for Administration of Medication: I give permission for non-prescription medications to be given to my child by the camp's health care manager, if deemed necessary. I give permission for any prescription medicines brought to camp by my child to be administered by the camp's health care manager, who will administer the medication according to the directions on the pharmaceutical container, unless otherwise directed by a physician. Additionally, I understand that medications (prescription and non-prescription) brought by my child to camp will be turned over to and stored by the camp health care manager.

**I acknowledge and agree to the above statements and I will participate responsibly so as to make this a safe experience for all.**

- **All participants are required to sign the waiver in order to participate in any on-site event or activity.**
- **Minors (Under 18 years old) require Parent or Legal Guardian's Signature in order to participate.**

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Participant's Full Printed Name

Parent/Legal Guardian Signature

Date