

WAIVER & RELEASE

By executing this Waiver and Release ("Release"), the undersigned parent/legal guardian hereby authorizes the child identified (the "Camper") below to participate in the _____ Camp (the "Camp") to be held _____ through _____, and accepts and acknowledges the following:

Acknowledgment of Risk. I am familiar with the activities in which the Camper will participate at the Camp, including _____ (the "Activities"). I acknowledge that there are inherent risks associated with some of these Activities, including the risk of physical injury, and agree that I, on behalf of the Camper, am knowingly and voluntarily assuming all such risks. To reduce the risk of injury, the Camper must exercise common sense and obey the rules of the Camp at all times.

Representation of Capability. I hereby represent and warrant that the Camper identified below (i) is physically capable of safely participating in the Activities; (ii) has no medical disabilities or restrictions that would prevent participation in the Activities; and (iii) has no known allergies other than those identified below.

Waiver and Release. I hereby release, absolve, indemnify, and hold harmless and without fault, each and every of the following individuals and organizations (the "Releasees") from and against any and all claims and causes of action for damages and/or personal injuries arising from the Camper's participation in the Activities: _____

_____ together with their directors, officers, and employees (as applicable). I also waive, to the extent not covered by liability insurance, any claim against any person transporting the Camper to and from Camp-related Activities.

Medical Treatment. I hereby authorize the agents and volunteers of the Camp to contact our family doctor, identified below, in an emergency when I cannot be contacted, or to transport the Camper to a hospital emergency room. I authorize the hospital and its medical staff to provide treatment deemed by a physician to be necessary for the Camper's well-being.

Full Extent of Law / Severability. I hereby acknowledge and agrees that (i) this Release is intended to be interpreted in favor of the Releases to the broadest extent permitted by applicable law, and (ii) if any term, clause, provision or section of this Release shall be held illegal or invalid by any court, the illegality or invalidity of such term, clause, provision or section shall not affect the remainder the Release which shall be construed and enforced as if such illegal or invalid term, clause, provision or section had not been contained herein.

Governing Law / Jurisdiction / Venue. I hereby agree that this Release shall be governed by and subject to the laws and exclusive jurisdiction of the courts of the Commonwealth of Virginia, and that the exclusive venue for any proceeding arising from or related to any claims and/or causes of action that are subject to this Release shall be the Circuit Court of Fauquier County, Virginia.

Voluntary Execution. I hereby acknowledge the following: (i) that I have read this Release; (ii) that I understand the terms of this Release; (iii) that I have executed this Release freely and voluntarily; and (iv) that I have had the opportunity (whether exercised or not) to consult with an attorney of my choosing prior to signing this Release.

Effective Date. This Release is effective as of the date of my signature shown below.

Parent/Legal Guardian Signature Name: _____

Parent/Legal Guardian Signature: _____ Date _____

Child's Name: _____ Date of Birth: _____

Family Doctor Name: _____

Family Doctor Contact Information: _____

Known Allergies: _____

