

Dry Bones Ministries
Our Lady of Mount Carmel
Camp & Retreat Center
Release and Waiver of Liability

Name of Adult Participant _____ Age _____

Assumption of Risk. I am aware that the activities at Our Lady Of Mount Carmel Camp And Retreat Center ("Camp") may include, but are not limited to, hiking, group games, sports, playing in a creek, splash pad, log rolling, archery, high ropes and low ropes course, challenge course climbing elements, rock throwing, camping, building/working with fire, cooking over a fire, river/creek tubing, kayaking, rafting, rock climbing, communal prayer and liturgy. I understand that these activities involve inherent risks and hazards that can result in serious personal injury or death. I hereby consent to participate in these activities and expressly assume all known and unknown risks of injury arising out of the activities, including, but not limited to, any claim arising out of any condition to premises which the activities are held or the conduct of any person in connection with the preparation for, supervision of, or conduct of any activity, whether planned or unplanned. All personal property brought to the Camp is brought at the sole risk of the Participant as to its theft, damage or loss.

Release and Indemnification. On behalf of myself, my family members, heirs and assigns, I specifically agree to hereby release Dry Bones Ministries (the parent organization of OLMC Camp and Retreat Center), its directors, board members, employees, agents, successors, volunteers, and guests (hereinafter collectively "DBM") from any negligence. I hereby indemnify and hold harmless DBM from, and promise not to sue DBM for any and all liabilities or claims made as a result of my participation in Camp activities, whether caused by the negligence of any of DBM or otherwise, as well as for any claim for theft damage or loss of personal property.

Photographic Release. I grant and convey to DBM all right, title, and interests in any and all photographs, images, video, or audio recordings of me or my likeness or voice made by DBM in connection with their stay at the Camp.

Medical Release. I hereby release DBM from any claim which arises or may hereafter arise on account of any first-aid treatment or other medical services rendered to me in connection with an emergency, as DBM may deem appropriate.

Conduct of Participant . During attendance and participation in the Camp activities, I will act in a responsible manner and will abide by the instructions of any DBM personnel and will comply with and follow the rules and regulations of the Camp. I understand that DBM may, in its sole discretion, dismiss any Participant for inappropriate, disrespectful, or dangerous behavior at any time. In this event, I understand that I will not receive a refund of Camp fees. If I break or damage any property as a result of my direct or indirect behavior, I hereby agree to pay for its repair or replacement.

Binding Effect . It is my express intent that this Release and Waiver shall bind myself, my estate, heirs, administrators, personal representatives, and assigns. I acknowledge that I have read and understood this document. I agree that this Release and Waiver shall be construed in accordance with laws of Pennsylvania, without giving effect of the conflict of laws provisions thereof, and that Pennsylvania shall be the forum for any lawsuits filed incident to this Release and Waiver.

Adult Signature

Date

Printed Name