



# WOOD LAKE

## CAMP & RETREAT CENTER

### Liability Waiver

Release of Liability

ALL PARTICIPANTS MUST READ THIS RELEASE OF LIABILITY FORM PRIOR TO SIGNING AND PARTICIPATING IN ACTIVITIES

Agreement to personally assume all risk and release of all claims for liability and waiver of right to sue based upon my understanding of activities and the inherent risks.

I desire Wood Lake Camp and Retreat Center, Inc., a Wisconsin not for profit corporation, to permit my family and me to participate in ALL programmed activities.

In order to participate in all program activities, I, the undersigned, agree and acknowledge that:

- \* There is risk of injury, including a potential for permanent disability or death resulting from any participation in activities and/or from the equipment involved in participation in such activities.
- \* I acknowledge all such risks, both known and unknown and assume full responsibility for my family and my participation
- \* I will read and understand the rules of play, including all safety related rules written and verbal and agree to fully comply with the rules and safety regulations during my participation
- \* I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin hereby release and hold harmless Wood Lake Camp and Retreat Center, their officers, officials, agents and/or employees, from any/and all liability for injury, disability, death, loss or damage to personal property.
- \* I acknowledge, understand and agree that I have read this release of liability and assume all risk associated with participating in activities and that I sign this release of liability voluntarily and without inducement.
- \* Your registration provides Wood Lake the authorization to use photos and videos of you and your registered family/group for promotional purposes.

**Name**

First

Last

**Gender**

Male  Female

**Address**

Address Line 1

Address Line 2

City

State

Zip Code

**Email**

**Phone**

**Retreat Group Name**

**Arrival Date**

**Departure Date**

**This is my first time at Wood Lake**

Yes  No

**Add my name to the Wood Lake mailing list**

Yes  No

**I have read and agree to the statements above**

**Date**

First

Last

**Signature**

**Parent/Guardian (If under 18)**

**Date**

First

Last

**Parent/Guardian Signature**