



## CAMP GENERAL WAIVER AND RELEASE

- ALL participants in STS Camp must sign a Waiver and Release form. **This includes participating campers and adults 18 years and older.**
- Participants under 18 must have the authorized signature of a Parent/Guardian.
- Please return this form to your group leader – they are responsible for submission.

Strength to Stand Camp (STS Camp) is a ministry of Scott Dawson Evangelistic Association (SDEA). SDEA wants you or your child's experience at STS Camp to be a safe and healthy one. SDEA will work with your church to provide a safe environment for you and/or your child. However, in the event of an accident, it is important that we have the following information.

Church Name: \_\_\_\_\_

Name of Child or Attendee: \_\_\_\_\_

Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_

Camp Date: \_\_\_\_\_

**Release/Indemnification.** I hereby consent to the above listed participation and release absolutely, hold harmless and covenant not to sue Scott Dawson Evangelistic Association, its directors, employees, volunteers, and affiliates from any and all present or future liability, claims, demands, actions or rights of action, whether asserted by me or a third party arising out of my (or my child's) participation in event activities (the "Claims"). I agree to indemnify and hold harmless SDEA, STS Camp for any such Claims brought by me or a third party from any costs associated with defending or litigating such claims, including but not limited to attorney fees, costs and legal expenses.

**Medical Emergency.** In the event of injury or a medical emergency, I understand that the church's group leader, not SDEA or STS Camp, will be responsible for the medical care of all attendees. SDEA, STS Camp staff will certainly provide assistance, but it will be the church group leader's responsibility to assess medical needs, obtain and consent to appropriate medical care, transport persons in need of medical care and contact parents or guardians of minors. I release SDEA and STS Camp from any and all liability related to medical treatment. In addition, I assume the risk and financial responsibility for any injury resulting from the attendee's participation in all STS Camp events.

**Media Consent.** By signing this document, I also acknowledge that my child's photographs may be used in any responsible fashion, by SDEA or STS Camp, in its sole discretion, including but not limited to publications, videos, and websites.

**Please check, which applies:**

Parent/Guardian     Attendee 18 years of age or older    Signature: \_\_\_\_\_

**If you are a Parent/Guardian of an attendee who is under 18 years of age, please include the following:**

Your Name: \_\_\_\_\_ Relationship to Attendee: \_\_\_\_\_

Phone Number: \_\_\_\_\_