



Indemnity & Release Form

I, the undersigned, wish my child to voluntarily participate in some or all of the Summer Camps, including Soccer, Basketball, and Volleyball, at Faith Heritage School in Syracuse, NY, from ***June 29 through August 20, 2026.***

1. ASSUMPTION OF RISK

I understand that participation in the FHS Summer Camp activities involves inherent risks, including but not limited to falls, collisions, physical exertion, equipment-related injuries, and other personal injury risks, that may result in loss, serious injury, or death.

I voluntarily assume all such risks, whether known or unknown, associated with participation in the summer camp program.

2. RELEASE OF LIABILITY

To the fullest extent permitted under New York law, I, on behalf of myself (and my child, if applicable), hereby release, waive, and discharge Faith Heritage School, its trustees, officers, administration, coaches, employees, volunteers, agents, insurers, successors, and affiliates from any and all liability for injuries, damages, or losses (including property damage/loss) arising out of or related to participation of the above activity.

3. INDEMNIFICATION

I agree to indemnify, defend, and hold harmless Faith Heritage School and its representatives from any claims, demands, damages, or costs (including attorneys' fees) arising out of or related to my child's participation in the camp, including claims brought by third parties.

4. MEDICAL AUTHORIZATION

I authorize Faith Heritage School staff to obtain emergency medical treatment for me/my child if necessary. I understand that I am responsible for any medical expenses incurred.

Medical Conditions/Allergies: _____

Emergency Contact Name & Phone: _____

5. PHOTO/VIDEO RELEASE (OPTIONAL)

I grant permission for the Faith Heritage School to use photographs or videos of me/my child for promotional purposes without compensation.

Yes No

6. CODE OF CONDUCT

I agree that I/my child will follow all camp rules and instructions. The camp reserves the right to remove any participant for unsafe or inappropriate behavior.

7. ACKNOWLEDGMENT

I have read this agreement carefully and understand its contents. I understand that I am giving up certain legal rights.

Participant Signature: _____ **Date:** _____

Parent/Guardian Signature (if under 18): _____ **Date:** _____