Camp Ondessonk Waiver of Claim

I hereby release to Camp Ondessonk and/or the American Camp Association the right's of my or my child's photograph, image, likeness and/or voice as recorded on video tape or film for the purpose of promotion, videos, yearbooks, website or publications. I hereby release any and all claims against Camp Ondessonk, Catholic Diocese of Belleville, its representatives, or officers arising in connection with the usage of my or my child's photo, likeness and/or voice. I acknowledge that this release is formal and final and understand that Camp Ondessonk, Catholic Diocese of Belleville, may proceed in reliance thereon. The undersigned in this release desires to assist in the work of Camp Ondessonk, Catholic Diocese of Belleville, by making their or their child's image likeness or voice available.

In order for children to participate in horseback riding programs at Camp Ondessonk, a parent or guardian is required to complete and sign this release. Under the Equine Liability Act, each participant who engages in an equine activity expressly assumes the risk of engaging in and the legal responsibility for injury, loss or damage to person or property resulting from the risk of equine activities. For value received, the receipt of which is hereby acknowledge, I, on behalf of myself or my minor child/ward, (please print participant's name)

_____ hereby release, indemnify and hold harmless, Camp Ondessonk, Diocese of Belleville, Department of Outdoor Ministry and their employees, clergy, volunteers, officers, board members and/or agents from and against any and all claims, losses, suits, damages, or costs (including attorney fees) arising out of, resulting from or relating to my or my minor child/ward's participation in equine activities, including but not limited to horseback riding in or around the premises operated by Camp Ondessonk. I acknowledge and understand that participation in equine activities involve inherent risks, including but not limited to (1) the propensity of an equine to behave in dangerous ways that may result in injury to the participant; (2) the inability to predict an equine's reaction to sound, movement, objects, persons, or animals; and (3) the hazards of surface or subsurface conditions. Notwithstanding this knowledge and awareness, I assume all risks of my or my minor child/ward's participation in equine activities and legal responsibility for injury, loss, or damage to person or property resulting from the risk of such activities.

I, as a participant or as a parent/guardian of a participant, understand I or my child will be participating in activities that involve periods of physical exertion, balancing, heights (up to 80 feet), lifting, pushing, pulling and climbing. I know most activities will be outdoors where I and/or my child will need to watch for slippery and/or uneven footing, limbs and branches, insects or animals and possible exposure to extreme or inclement weather. I acknowledge that my child must be at least 10 years of age to participate in the challenge course program. I fully understand that this physical activity involves risk of injury. I understand the risks may include loss or damage to personal property. I understand that I and/or my child will not be forced to do any activity and that despite all reasonable precaution taken, a guarantee of absolute safety is impossible. I and/or my child agree to exercise good personal judgment and to ask for help if I and/or my child are concerned about personal safety and to be responsible for deciding if a proposed activity is appropriate for myself/him/her. I and/or my child agree to inform the instructors of any physical, mental or medical condition that might affect my/his/her ability to participate or affect other members of my group. I and/or my child also realize that failure to tell that information could result in serious harm to myself/him/her or others. I also state that I and/or my child are not under and will not be under the influence of any chemical substance including alcohol. I and/or my child agree to comply with safety instructions given and to be responsible for my/his/her own personal safety and well being. I agree to hold Camp Ondessonk, its Directors, Officers, Employees, Agents and/or Associates harmless for any accidents, injury, loss of or damage to property that may occur on this problem. I understand that all possible precautions are taken to insure that all programs and activities sponsored by Camp Ondessonk are conducted by mature and qualified personnel in a safe and responsible manner. I understand that Camp Ondessonk in the challenge course program will provide a minimum staff/participant ratio of 1:14. I voluntarily assume the risks of the activities and I and/or my child agrees to report any injuries before leaving the premises. In the event of an emergency, I understand every attempt will be made to contact the parent/guardian. In the event that the parent/guardian cannot be reached, I give permission to Camp Ondessonk to secure proper medical treatment. I understand that any medical expense not covered by Camp Ondessonk medical insurance will be billed directly to me or to my insurance company. I have read and understand all materials outlining the Challenge Course, including this waiver and agree to abide by these terms. I understand that if my child is riding the bus, in the event of an accident, Camp will telephone the parent, however, in the event I cannot be reached by phone, I hereby give permission for medical attention by a physician for my child. I am aware this is a waiver and a release of liability and I sign it voluntarily.

I further acknowledge that (1) I am the parent/guardian of the minor child/ward identified above OR I am the participant identified above; (2) I have read this release in its entirety; (3) I fully understand and accept its terms; (4) I have executed this release voluntarily: (5) I understand that 50% of payment is due two weeks prior to the date of arrival, and the balance is due upon arrival. Should the camp need to litigate in cases involving any unpaid fees I will be responsible for the camp's legal expenses including any NSF fees.

I hereby approve this application for myself or my child to attend Camp Ondessonk and, in consideration of the benefits to be derived, expressly waive any and all claims against the Catholic Diocese of Belleville, Camp Ondessonk, the Department of Outdoor Ministry, or its representatives on account of accident or sickness that may be incurred to the above mentioned person or his or her property in connection with an incident during this camp's activities.

Participant or Parent/Guardian Printed Name _____

Participant or Parent/Guardian Signature _____ Date _____