



PARTICIPANT RELEASE & WAIVER

Liability Release. To be read and understood by all persons intending to do participate in Special Olympics activities at Camp Albrecht Acres. Participant does hereby release and forever discharge and hold harmless Camp Albrecht Acres from all liability claims and demands which arise from their participation in activities and events on Albrecht Acres' grounds. The participant assumes the risk of injury or harm in the activities and releases Camp Albrecht Acres from all liability for injury, illness, death or property damage resulting from the activities.

Discrimination Policy. Camp Albrecht Acres prohibits any action or conduct which may discriminate against or harass other employees/participants, harass any Camp affiliated family or Camper. Camp Albrecht Acres does not tolerate any actions, words, jokes, or comments based on an individual's sex, sexual orientation, race, ethnic background, religion, physical condition or other legally protected characteristic. Any actions, therefore, which demean or are hurtful to people of a certain sex, sexual orientation, race, ethnic background, religion, physical condition or other legally protected characteristics are prohibited. Participants exhibiting this behavior may be asked to end their participant relationship with Camp Albrecht Acres.

Medical Treatment. I hereby consent to the administration of first aid and other medical treatment in the event of an injury and agree to pay the costs of any such medical expenses. I hereby release and forever discharge Camp Albrecht Acres and it's staff from any claim whatsoever which arises or may hereafter arise on account of any first aid, treatment or service rendered in connection with my activities at Camp Albrecht Acres.

Assumption of Risk. I understand that some of the activities in my participation in Special Olympics while at Camp Albrecht Acres may be hazardous. I hereby expressly and specifically assume the risk of injury or harm in the activities and release Camp Albrecht Acres and its affiliated members from all liability, illness, death or property damage resulting from the activities.

Insurance. I understand that I will not be covered by any medical, health, accident, disability or other insurance coverage provided by Camp Albrecht Acres or its staff.

Media Release. I hereby consent to the unrestricted use by Camp Albrecht Acres and/or persons authorized by them of any photographs, recordings, interviews, videotapes, motion pictures or similar visual recording of me.

Other. In all activities, as a participant, I understand that I share in the responsibility for my own safety and for the safety of the group.

I hereby state that I have read this agreement carefully before signing and I understand what it means and what I am agreeing to by signing.

Signed on _____ day of _____ 20____.

(Please Print Participant's Name)

(Signature of Parent or Guardian if participant is under 18 years of age)

Delegation Name: _____ Delegation Manager: _____

Delegation Manager Email: _____ Delegation Manager Telephone: _____

Emergency Contact: _____ Emergency Contact Phone: _____