



Release of Liability

Name: _____ Group Name: _____

Dates of Event (MM/DD/YY): _____ to _____ I'm 18 years or older (circle one): Yes No*

Camp Center (circle one): Forest Center Cedar Ridge Lakeview Creekside The Village Adv. Mountain

By signing this release of liability, I authorize Forest Home, Inc. to allow myself and/or listed minors to participate in any and all activities that may include but are not limited to those outlined in any digital or print media. As a condition of receiving this benefit, I do hereby agree to the following: I understand that participation in these activities can expose myself and listed minors to dangers both from known and unanticipated risks. Acknowledging that such risks exist, I on behalf of myself, listed minors, and any other party who may have the right to assert any rights for or on my behalf, do hereby forever release and discharge, indemnify and hold harmless Forest Home Inc., its affiliates, officers, directors, agents, employees, insurers, successors in interest, attorneys, or any other person or persons associated with any or all of them who might be liable (the "Released Parties") from and against any and all claims, causes of action, actions, suits, demands, losses, damages, expenses, costs or liability (collectively, "Losses") arising from or in connection with my/our participation in Forest Home, Inc.'s camp and its activities, including Losses arising from the negligence of any of the Released Parties, whether such Losses arise in connection with bodily injury (including death), property damage or otherwise (collectively, the "Released Claims"). The Released Claims include Losses arising out of any condition of the premises at which the camp activities are held or the conduct of any person in connection with the preparation for, supervision of, or conduct of any activity, whether planned or unplanned. I further understand and acknowledge that I make this release in full accord and satisfaction of and in compromise of any and all Released Claims. I represent and acknowledge that I have read and understand this form and the release granted above and warrant that all statements made herein are true to the best of my knowledge. In the event that the group with which I am attending Forest Home is unable to provide a designated person certified in first aid and CPR, I understand that I will need to also complete a Forest Home medical release form.

I have read and understand this entire form and by signing below agree to the terms herein.

*Parent/Guardian Name (please print): _____

Signature _____ Date _____