Participant Agreement - Signature Required

Name:	Retreat attending:
I acknowledge that participation in the event described above (the Participant's parents or guardians, if Participant is a minor), and no limited to, the following: sickness, bodily injury, death, emotional damage.	nay result in various types of injury including, but not
With regard to events organized for minors, I also understand that adults in children's activities which also carries the potential for in sickness, bodily injury, death, emotional injury, personal injury, pers	njury including, but not limited to, the following:
In consideration for the opportunity to participate in the Event, the minor) acknowledges and accepts the risks of injury associated will Event.	
The Participant understands that specific activities included in the activities, slip and slide, rock climbing, winter activities such as sr games such as dodgeball.	·
The Participant (or parent/guardian) accepts personal financial re the Event or during transportation to and from the Event, as well that is authorized by Camp Mission Meadows or its agents, employed	as for any medical treatment rendered to the Participant
Further, the Participant (or parent/guardian) releases and promis Mission Meadows or its agents, employees, volunteers, or any otl indirectly out of the described Event or transportation to and from negligence of Camp Mission Meadows, the Participant, or otherw	her representatives for any injury arising directly or method the the Event, whether such injury arises out of the
The Participant (or parent/legal guardian) gives consent to Camp sound prints to be used in promotional materials.	Mission Meadows to photograph and record images and
The Participant (or parent/legal guardian) agrees to comply with a to comply may result in the Participant being dismissed from the from the Event will be the responsibility of the Participant (or participant).	Activity without refund and agrees that transportation
Signature of Participant:	Date
Signature of Parent/Guardian (if participant under 18):	Date
Name (printed)	email
Address	City, ST, ZIP
Phone #: _()	