

[insert logo]

Center Lake Bible Camp  
15204 20 Mile Road  
Tustin, Michigan 49688

### **PARTICIPANT WAIVER AND RELEASE OF LIABILITY**

***This form must be completed by or on behalf of all camp attendees or activity participants.***

Camper/Participant Name: \_\_\_\_\_ Camp Dates: **August 15-17, 2025**

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Is Camper under the age of 18? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, parent/guardian completing this form: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address of parent/guardian: \_\_\_\_\_

In consideration of the opportunity to participate in the Center Lake Camp ("Camp") activities (both on-site and off-site), which may include high adventure activities such as high ropes, climbing, BMX trail, zipline, waterslide, water jump blob, dock, archery, rifle range, ax throwing, sling shot, hiking trips, canoeing, boating, rafting, overnight tent camping, rock/ice climbing, swimming, etc. ("Activity"), I hereby agree to the following Waiver and Release of Liability (Agreement). I understand that the camp registration process requires me to accept this agreement:

1. **Waiver and Release of Liability:** My participation in all camp activities (both on-site and off-site) is voluntary and subjects me to the possibility of physical injury (which could be minimal, serious, and/or result in death) and loss of or damage to my property (collectively, Risks). Accordingly, I agree to the following:

a. I hereby release and hold harmless Camp, its officers, directors, employees, agents, volunteers, and contractors (collectively, Releasees) from any claim, demand, loss, liability, damages, and attorney fees and costs whatsoever arising from, related to, or resulting from these Risks (Claims).

b. I recognize the physical exertion involved in the Activity and attest and certify that I am physically fit to compete safely, and I have not been advised otherwise by a health care professional.

c. As between each of the Releasees and Camper/Participant, Camper/Participant will be solely responsible for any and all medical and related bills incurred because of any injury, as well as costs related to loss or damage to my property, that may be sustained as a result of participation in the Activity, including those sustained on the premises where the Activity is conducted and while traveling to and from such premises, regardless of the location or mode of transportation.

This Agreement shall be binding on the Camper/Participant and his/her estate, heirs, executors, administrators, successors, and assigns, as well as any other party asserting a Claim on his/her behalf or on behalf of his/her estate.

**2. General Provisions:**

- a. I hereby expressly agree that (1) this Agreement shall be governed and construed according to the laws of the state of Michigan without regard to its conflict of laws provision and (2) any action or proceeding concerning any Claim or the meaning or effect of any provision of the Agreement shall be conducted only in the federal or state courts located in Osceola County, Michigan, and that for such purposes, I expressly submit to the jurisdiction of such courts.
- b. This Agreement contains the entire understanding between and among the parties concerning these matters. No waiver, modification, or amendment of any of the terms of this Agreement shall be effective unless made in writing and signed by the party to be charged.
- c. I hereby expressly agree that if any portion of this Agreement is held invalid, the balance of the Agreement shall nonetheless continue in full legal force and effect.

**REPRESENTATION AND WARRANTY OF UNDERSTANDING AND AUTHORITY**

I warrant that I have read and understand that this Agreement and that the undersigned is of legal age and competence to give a valid release on his/her own behalf and, if signing on behalf of a minor, he/she is the parent or legal guardian of the Camper/Participant with authority to give a valid release on behalf of the minor.

Date:\_\_\_\_\_

\_\_\_\_\_  
Name: