

## **Camp Buckner Hill Country Retreat Center Indemnification Release Form**

Buckner Children and Family Services, Inc., d/b/a ("Camp Buckner") requires that all camp participants and any guest who participates in activities while staying at Camp Buckner sign this Indemnification and Participation, Assumption of Risk and Release Form.

The undersigned agree that they or their child(ren) shall be subject to the policies and procedures of Camp Buckner regarding all activities as explained and/or posted prior to participation in order to maintain the utmost level of safety for the participant and guest.

The undersigned acknowledge and understand the following:

1) During Swimming Pool, Blob, Canoeing, Kayaking, Archery, Hiking and General Athletic Sports, and any other activities of any kind or nature, certain risks and dangers are present.

2) These risks of activities may include physical and psychological damage and/or injury including fatality, due to accidents which may occur resulting from participation in such activities.

In consideration of the above, I (We) have and do hereby assume all of the risks of my and/or our child(ren's) participation in all activities including, but not limited to Swimming Pool, Blob, Canoeing, Kayaking, Archery, Hiking, and General Athletic Sports. I (We) shall hold Buckner Children and Family Services, Inc., d/b/a Camp Buckner, its employees, agents, directors, officers, and affiliates harmless from any and all liability, actions, causes of actions, claims, and demands and expenses (including reasonable attorney's fees) of every kind and nature whatsoever, whether for bodily injury, property damage or loss or otherwise, which I, we and/or my child(ren) now has or which may arise from or in connection with participation in Camp Buckner's programs and activities.

In consideration of me and/or my child(ren) being permitted to participate in all Camp Buckner activities, I (We) hereby release, waive and discharge Buckner Children and Family Services, Inc., d/b/a Camp Buckner, its officers, directors, employees and affiliates from and against any and all claims or liability for injury or events resulting in bodily injury or death to me and/or my child(ren), and whether caused by the negligence of Camp Buckner, its officers, directors, or employees, or otherwise. This release is specifically intended to be binding upon my heirs, personal representatives and next of kin.

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Name of Child(ren) (Please Print)

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Name of Child(ren) (Please Print)

\_\_\_\_\_  
Name of Child(ren) (Please Print)

\_\_\_\_\_  
Name of Child(ren) (Please Print)

\_\_\_\_\_  
Signature of Parent/Guardian      Date  
Individually and for minor(s)

\_\_\_\_\_  
Signature of Parent/Guardian      Date  
individually and for minor(s)

\_\_\_\_\_  
Name of Guest      (Please Print)

\_\_\_\_\_  
Signature of Guest      Date