

Camp BaYouCa Program Activity Waiver

www.bayouca.com
100 Camp Spaulding Rd
Smithville Flats, NY 13841
Phone: 607-656-9701

ALL PARTICIPANTS MUST READ THIS RELEASE OF
LIABILITY FORM PRIOR TO SIGNING AND PARTICIPATING
IN PROGRAM ACTIVITIES

Agreement to personally assume all risk and release of all claims for liability
and waiver of right to sue based upon my understanding of these activities and their inherent risks.

I (participant's name) _____ of
(city and state) _____
Having the date of birth (month) _____ (day) _____, (year) _____
desire Camp BaYouCa, a New York State not for profit corporation, to permit me to participate in the
_____ (event) on _____ (date).

In order to participate in the above mentioned activities, I, the undersigned, agree and acknowledge that:

There is risk of injury, including a potential for permanent disability or death resulting from any participation in the above mentioned activity and or from the equipment involved in participation in such activities.

I freely assume all such risks, both known and unknown and assume full responsibility for my participation.

I will read and understand the rules of play, including all safety rules, and agree to fully comply with the rules and safety regulations during my participation.

I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin hereby release and hold harmless Camp BaYouCa, their officers, officials, agents and or employees, from any and all liability for injury, disability, death, loss or damage to personal property.

I acknowledge, understand and agree that I have read this release of liability and assume all risk associated with participating in the above mentioned activity and that I sign this release of liability voluntarily and without inducement.

I certify I am able to take a full and active part in the program at Camp BaYouCa.

I further authorize Camp BaYouCa to administer necessary medical treatment in case of accident or illness, which occurs while a camper.

I also realize that my picture or testimony may be used in promotion of the camp, including but not limited to the internet.

All program activities, and handling and use of program equipment must be supervised by Camp BaYouCa Staff.

Participant Name (Please print): _____

Street Address: _____

City, State: _____

Zip Code: _____

Home Phone: _____ Cell: _____

Email: _____

Emergency Contact: _____

Relationship: _____

Emergency Contact Phone: _____

Insurance Carrier/ Number: _____

Participant Signature: _____

Date: _____



MINOR AGED PARTICIPANTS

All guests under the age of 18 at the time of participation must have a parent or guardian sign below.

I certify that I am the parent or guardian of _____ with legal responsibility for the above signed participant and agree to his/her release and agree to indemnify the above named companies and individuals from all liabilities resulting from his/her release and agree to indemnify the above named companies and individuals from all liabilities resulting from his/her participation in the above mentioned program activity for myself, my heirs, assigns, and next of kin.

Parent or Guardian Signature: _____ Date: _____