

Butman Methodist Camp & Retreat Center

Camper Release Form

Please print legibly and fill out form completely. In an emergency we must be able to read this information.

Camper's Name: <i>First</i>			<i>Last</i>		
Birth Date: (mm/dd/yy)		Phone:		Address:	
City/State/Zip:					
E-mail:					
Custodial Parent/Guardian/Emergency Contact Information:					
Name:					
Address:					
City/State/Zip:					
Primary Phone:					

Disclaimer and Acknowledgment

Camp Activities at Butman Methodist Camp & Retreat Center may include but are not limited to: swimming, hiking, sports, water slide, group games, Challenge Course and Climbing Wall, and any or all other activities. I do hereby assume all risk of the above and any other ordinary risk incidental to the camp setting and will hold Butman Methodist Camp & Retreat Center and their Trustees, employees and agents harmless from any and all liability.

I also understand that liability of insurance is first, the responsibility of the group the participant/camper came with, and or the custodian parent/guardian of the participant/camper. Butman Methodist Camp & Retreat Center does however; hold our own state required liability insurance coverage.

I voluntarily agree to assume all of the foregoing risk and accept sole responsibility for myself or my camper(s) that may be exposed to or infected by any communicable disease(s) by attending the Camp and that such exposure or infection may result in personal injury, illness, permanent disability, and or death.

I hereby grant permission to Butman Methodist Camp and Retreat Center to use photos of the registered camper/participant, taken during activities at camp, for publicity purposes, in advertising materials, social media, or on the camp's web site.

By signing below you are agreeing to the terms and conditions of the above statements.

Applicant

Signature/Guardian: _____ Date: _____