



WAIVER OF LIABILITY, RELEASE & ASSUMPTION OF RISK

*Confirmation Retreat Waiver
February 24-26, 2023
-or- March 4-6, 2023*

OWNER: WARREN WILLIS UNITED METHODIST CAMP AND CONFERENCE CENTER & THE FLORIDA ANNUAL CONFERENCE OF THE UNITED METHODIST CHURCH

ACTIVITY PARTICIPANT: _____

TYPE OF ACTIVITY: Events at WWUMCCC may include but are not limited to participation in, Challenge course, high ropes, swimming and waterfront activities and group games.

Participant (and participant's parent(s)/guardian(s), if applicable) hereby acknowledge and understand that voluntary participation in events at WWUMCCC involves the risk of injury and/or death. These risks and dangers may be caused by the negligence of the participant or the negligence of others. By participating in such activities, participant (and participant's parent(s)/guardian(s), if applicable) expressly assume all the risk, consequences and liability related to this activity.

Participant (and participant's parent(s)/guardian(s), if applicable) hereby acknowledge and understand that they will not enter onto camp property if they are showing any signs of a communicable disease or of COVID-19. Symptoms include but are not limited to: fever, chills, cough, congestion, nausea, vomiting, muscle and body aches.

Participant (and participant's parent(s)/guardian(s) if applicable) hereby release, forever discharge and hold harmless the Warren Willis United Methodist Camp and Conference Center, Florida Annual Conference of the United Methodist Church, its officers and directors, employees, agents and volunteers from all actions, causes of action, injuries, claims, negligence, costs or expenses, arising out of or related to any such activities.

Participant (and participant's parent(s)/guardian(s), if applicable) understands that this is a full and complete release of all injuries and damages, which may be sustained as a result of my participation in the above noted activities.

We also hereby consent to and authorize the reproduction, publication, and use by the Owner for advertising, commercial, or any other purpose, of any photograph, picture video or likeness of myself, my child or other family members.

Participant Signature: _____ **Date:** _____

Parent or Guardian Signature: _____ **Date:** _____
(if participant is 17 years of age or younger)

Parent or Guardian Name: (please print): _____

