

## SARRAS FOUNDATION & VAISHNAV YOUTH RETREAT

### Acknowledgement of Risk, Waiver, and Release of Liability

I hereby give my permission for my child to participate in the Vaishnav Youth Retreat Winter Camp (“Winter Camp”).

Participation in any program which involves physical activity exposes the camper to certain risks and dangers. Accidents and injuries are always a possibility, and it is impossible to foresee and protect the camper from all conceivable dangers.

I hereby affirm that my child has/have no conditions that would make it unsafe for him/her/them to participate in the camps program(s) selected.

I understand that we are in the midst of a global pandemic and that the highly contagious nature of COVID-19, and the fact that individuals infected with COVID-19 may be asymptomatic, creates a risk of infection from any activity involving contact with others. I understand and acknowledge that I am responsible for reviewing the Winter Camp’s health and safety protocols for Winter Camp and ensuring that I and my child follow those protocols. I acknowledge that the Winter Camp has implemented reasonable preventative protocols, policies and procedures designed to reduce the spread of COVID-19 during Winter Camp. I voluntarily assume the risk that my child may be exposed to or infected by COVID-19 while attending the Winter Camp.

I understand that the Winter Camp may exclude my child from Winter Camp in the event that I or my child fail to abide by the their health and safety protocols, disrupt, impede or interfere with the operations of the Winter Camp, or threaten the health, safety or welfare of other participants or Winter Camp staff, and that no refund of any fees will be made in such circumstances.

**Medical Consent:** I understand that the Winter Camp will make every effort to contact me in case of an emergency. I give my permission to administer any medications needed and to provide and arrange for and consent to any necessary medical treatment for my child while at the Winter Camp, including onsite and offsite emergency care. I accept responsibility for the costs of all such medical treatment.

**Photography Release:** In consideration of child’s participation at the Winter Camp, I hereby grant permission to the Winter Camp, volunteers, counselors, staff, and affiliates to utilize my child’s appearance, performance, or voice in any and all manner and media throughout the world for the purpose of promotion, reporting or publication. The Winter Camp may use my child’s, likeness, voice, and biographical material in connection with publication, promotion, exhibition, and distribution of such material. I understand that no royalty, fee, or any other compensation of any kind shall become payable to me by reason of such release and use of any photograph.

By signing this Waiver and Release of Liability, with full appreciation of the risk involved, on my own behalf and on behalf of my child, I hereby voluntarily release and forever discharge the Winter Camp, its trustees, officers, volunteers, agents, insurers and contractors from any and all legal or financial responsibility for any personal injury, disability, illness, damage, medical expense or death, arising from or related to my child’s participation in Winter Camp. I agree, for myself and my child, not to make any type of legal or equitable claim on the Winter Camp, or any of its trustees, officers, employees, agents, insurers, or

contractors with respect to any injury I or my child may suffer, whether or not it arises through the negligence, omission, default or other action of anyone affiliated with the Winter Camp, including other campers. I further agree that if any such claim is made, I will indemnify and defend the Winter Camp with respect to any such claim, injury or damage.

I CERTIFY THAT I HAVE READ THIS DOCUMENT, FULLY UNDERSTAND ITS CONTENT, AND AGREE TO ITS TERMS.

Name of Camper: \_\_\_\_\_ Age: \_\_\_\_\_

Signature of Parent/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Legal Guardian Full Name: \_\_\_\_\_