



## Covenant Harbor Waiver

### Participant Information (print clearly)

Name \_\_\_\_\_ Group Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Age, if under 18 \_\_\_\_\_

Any limitations to participation? (physical, medical, behavioral) \_\_\_\_\_

Any Allergies? (food, drug, environmental) \_\_\_\_\_

If food allergies:  Mild / preference / guest can self-manage  Moderate / guest can self-mange  Serious / life threatening

Other participation concerns? \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Wisconsin statute HFS 175.15 requires camps obtain name and home address of every participant including emergency contact information.

### Release and Waiver of Liability

I hereby give my consent to have the above-named Participant fully participate in all camp activities, outings and field trips conducted on and off the campus of Covenant Harbor recognizing that there are risks known and unknown, foreseeable and unforeseeable involved in participating in these or similar activities. Covenant Harbor has taken reasonable and prudent steps to reduce known and foreseeable risks. I understand activities may be strenuous and/or outdoors and agree that participation in activities is voluntary. I understand and agree that neither Covenant Harbor nor its trustees, officers, directors, employees, agents or representatives may be held liable in any way for any injury, harm, damage or death which may occur to the above Participant as a result of participation in these activities and hereby release, save and hold harmless the above mentioned of said injury due to participation in these activities. Further, I do consent to any and all medical treatment that may be deemed necessary for the Participant should he/she require such assistance. I agree that my insurance plan is the primary plan to pay for the medical, dental or hospital care or treatment that is given to the Participant. I agree to allow Covenant Harbor to transport Participant as needed and to use a photocopy of this form as my authorization when necessary. Covenant Harbor may use the Participant's photo, films, digital images, videotapes and sound recordings in future promotional materials. I have read and voluntarily agree to the statements herein.

Participant Signature /Legal Guardian (if minor): \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_