CAMP BRAVEHEART RELEASES

A Program of Braveheart Grief Ministries*

(Read before signing)

Please fill out the following form in order for Camper to participate in camp.

Camper's First Name Camper's Last Name

Camper's Name:

DOB Age Is Camper under age 18

Camper's DOB: Camper's Age:

CONSENT TO PARTICIPATE & RELEASE OF LIABILITY

CONSENT TO PARTICIPATION & ASSUMPTION OF RISK:

As the parent or guardian of the Camper, I acknowledge that there are risks inherent in any week-long program involving physical activities conducted in a rural camp setting, including, but not limited to, bodily injury or death.

By signing below, I voluntarily consent to the Camper's participation in the program and activities provided by Camp Braveheart on the premises of Ridge Haven, Inc. in Brevard, NC, and assume all risks of possible injury that may arise.

RELEASE & WAIVER OF CLAIMS:

In consideration of the Camper being permitted to attend and participate in the activities of Camp Braveheart and the benefits to be derived therefrom, I, for myself, the Camper, my heirs, and personal representatives or assigns, do hereby waive, release and discharge forever any and all claims against any of the Released Parties (defined below) for damages, losses or liabilities involving bodily injury, death, damage to reputation, or damage or loss of property that I or the Camper may experience as a result of any act or omission, even if arising from the negligence of the Releasees, occurs in connection with the Camp Braveheart program that is related to or arises from the Camper's participation in the program activities or the facilities or property owned or managed by Ridge Haven, Inc. ("Claims"). This waiver and release applies to any Claims against the following "Released Parties": Braveheart Grief Ministries, Inc., Camp Braveheart, Ridge Haven, Inc. (which is the location where the program is conducted), the Camp's Director, Martha M. Furman, LPC, LMFT, all other professional counselors, camp counselors, staff members and volunteers of Camp Braveheart or Ridge Haven, Inc., as well as other Campers who are attending Camp Braveheart with the Camper.

By my signature below, I represent to Camp Braveheart and its Director (Ms. Furman) that I am the parent or legal guardian of the Camper registered for this camp and I have read and understand the terms of the release and waiver of Claims and assignment of rights. I voluntarily agree to the above provisions and certify that I have also executed the required Medical Consent Form required for participation in Camp Braveheart.

PHOTOGRAPH AND VIDEO CONSENT and MEDICAL CONSENT FORM

PHOTOGRAPH AND VIDEO CONSENT:

I understand that photographs and videos are taken of participants during Camp Braveheart activities. I grant permission for these photographs and videos to be used on the Camp Braveheart's webpage and for purposes for publicity, illustrations and advertising.

MEDICAL CARE CONSENT AND AUTHORIZATION:

Before medical treatment can be provided to a minor, the law requires appropriate consent from a parent or guardian. As the parent or guardian for the Camper, my signature below hereby authorizes Camp Braveheart, the Camp's Director (Martha M. Furman, LPC, LMFT) or one of her designees to obtain medical treatment for the Camper so that care can be obtained promptly and without unnecessary delay.

My signature below hereby authorizes the Camp's Director, as well as staff and volunteer members of Camp Braveheart and/or Ridge Haven, Inc., to act for me according to their best judgment in the event routine medical care may be needed and/or a medical emergency arises. I hereby grant permission for all procedures or services deemed medically advisable to treat or relieve, or to attempt to treat or relieve, any illness, injury, and/or condition to be provided by trained and authorized Camp staff, a nurse, a rescue squad, a private physician, nurse practitioner or physician's assistant, and/or a hospital or emergency urgent care facility and their employees, under the same circumstances as needed. Any such action will be taken in the best interest of the Camper and will be reported to me as soon as possible.

In this regard, my signature waives and/or releases Camp Braveheart of all liability and/or financial responsibility for any medical expenses incurred. I acknowledge and agree that I am solely responsible for all expenses, costs and fees associated with providing medical care or treatment to the Camper. I agree that any health history provided by me or the Camper is correct to the best of my knowledge.

Contact Information of OVER 18 – SIGNER

Signer Address

Full Address of Signer

Cell Phone Work Phone

Cell Number of Signer Work Number of Signer

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Camper's Signature if 18 or over Dated

FOR PARENTS/GUARDIANS OF MINOR AGE CAMPER

(UNDER AGE 18 AT TIME OF REGISTRATION)

Parent/Guardian's Name if Camper is under age 18:

Parent/Guardian's First Name Parent/Guardian's Last Name

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from and all liability incidents to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law.

Parent/Guardian/s Signature Dated