

CAMP OLYMPIA RELEASE, INDEMNITY AND MEDICAL TREATMENT AUTHORIZATION

GROUP NAME: Parkway Fellowship

NAME OF PARTICIPANT(S): (print) _____

PARENT/GUARDIAN NAME: (print) _____

I am aware that during my/my child’s stay at Camp Olympia, I/my child will be participating in many physical activities, and I/my child may encounter certain risks and dangers. These risks and dangers include, but are not limited to, serious bodily injury or death due to the hazards of being in a wilderness area, the forces of nature, and other risks and dangers because of the activities offered, and the nature of the grounds and facilities, at Camp Olympia. I am aware that Camp Olympia is located on a lake and has a swimming pool on the premises, and that I/my child will have the opportunity to participate in aquatic activities, including, but not limited to, swimming, boating, canoeing, and any other activity arranged. I am aware that Camp Olympia offers challenge course activities with high elements up to 35 feet high for which a belay system is used as well as low elements approximately three feet high for which ground spotters are used. I am also aware that Camp Olympia offers other activities including, but not limited to, team and individual sports, miscellaneous games, archery, riflery, horseback riding, and all aspects of camping. Furthermore, I am aware that I/my child will be interacting with individuals from all around the world, and although certain precautions will be taken to ensure the health of all campers and staff members, Camp Olympia cannot guarantee me/my child will not be exposed to certain viruses, bacteria, and other potentially dangerous diseases. I am aware that I/my child will ride in camp buses or vehicles. I hereby give my permission for myself/my child to ride in camp buses and vehicles. I understand that Camp Olympia could be filming and taking photographs which might include me/my child and that Camp Olympia might use such filming and photographs in promotional materials. Individually and on behalf on my child, I consent to myself/my child being filmed and photographed and to use such filming and photographs for promotional purposes. I understand it is my sole responsibility to decide on and implement any activity restrictions which I deem necessary for my/my child’s personal welfare and safety.

AS ADDITIONAL CONSIDERATION FOR MYSELF/MY CHILD BEING PERMITTED TO PARTICIPATE IN ANY OF THE ACTIVITIES OFFERED BY CAMP OLYMPIA, I, INDIVIDUALLY AND ON BEHALF OF MY CHILD, HEREBY RELEASE, DISCHARGE, INDEMNIFY, AND HOLD HARMLESS CAMP MANAGEMENT, INC., CAMP OLYMPIA, INC., AND CAMP MANAGEMENT FOODS, INC. WP REALTY, L.P. DBA WHISPERING PINES GOLF CLUB, OLYMPIA REALTY CORPORATION, THE SPIRIT GOLF ASSOCIATION, RC HILCREST, L.P., AND THEIR RESPECTIVE SHAREHOLDERS, DIRECTORS, OFFICERS, EMPLOYEES, AGENTS AND REPRESENTATIVES (ALL SUCH ENTITIES AND INDIVIDUALS BEING REFERRED TO COLLECTIVELY HEREINAFTER AS THE “RELEASED PARTIES”) FROM ANY AND ALL LIABILITY TO ME FOR LOSS OR DAMAGE ON ACCOUNT OF INJURY TO ME/MY CHILD OR MY PROPERTY AND ANY AND ALL EXPENSES, INCLUDING WITHOUT LIMITATION ATTORNEY’S FEES, WHETHER CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE (WHETHER SOLE, JOINT OR CONCURRENT) OR GROSS NEGLIGENCE OF THE RELEASED PARTIES, AS A DIRECT OR INDIRECT RESULT OF MY/MY CHILD’S ATTENDANCE AT CAMP

OLYMPIA AND/OR MY/MY CHILD’S PARTICIPATION IN ANY OF THE ACTIVITIES OFFERED BY CAMP OLYMPIA.

I have read and voluntarily signed this Release and Indemnity, and I further agree that no oral representations, statements or inducements apart from the foregoing written agreement have been made. I understand this document includes a full and final release and indemnification of all claims.

In case of accidents or illness, I authorize Camp Management, Inc. to request and obtain necessary medical services for my child*/me should an emergency arise as determined by the camp director. I acknowledge and understand that the cost of any such medical care is my financial responsibility and/or that of my legal guardian, if any.

Date

Signature of Participant *(must be at least 18 years of age)*

Date

Signature of Legal Guardian(s) (if applicable)

Date

Signature of Legal Guardian(s) (if applicable)

Date

Signature of Witness

Home Phone No. _____

Work Phone No. _____

Name and Phone Number of a person who should be contacted in the event the participant’s legal guardian cannot be reached:

Name: _____ Phone No.: _____

*Or ward if and as applicable

Special Participation Agreement In Relation to Risk of Coronavirus Exposure

Thank you for reading this Agreement carefully. It includes important information about Camp Olympia activities and describes certain protections sought by Camp Olympia if you, your child, or another family member becomes ill or suffers some other loss due to infection of the Coronavirus (COVID-19) that may have been caused from being at Camp Olympia or from being exposed by someone else who was at Camp Olympia.

PROCEDURES BEFORE CAMP:

All guests should monitor their health and check for any COVID or infectious disease symptoms in the 7 days leading up to arrival.

Guests are NOT allowed to attend if they are sick, exhibiting any covid symptoms, or have been directly exposed to someone who has tested positive for COVID within the last 10 days.

PROCEDURES DURING CAMP:

Face coverings are optional at our facility when physical distancing cannot be maintained. Physical distancing of at least 6 ft is recommended while indoors at the camp facility with anyone outside of your household. Precautions during your stay at camp include: encouraging and enforcing more handwashing, use of hand sanitizers, and disinfecting of cabins, and high use areas.

However, despite the best efforts of Camp Olympia, exposure to COVID-19 cannot be completely eradicated while attending camp. COVID-19 is an **extremely contagious** virus that spreads easily through person-to-person contact. Federal and state authorities recommend social distancing as a means to prevent the spread of the virus. **COVID-19 can lead to severe illness, personal injury, permanent disability, and death. Participating in programs at Camp Olympia or accessing its facilities could increase the risk of contracting COVID-19.** Camp Olympia in no way warrants that COVID-19 infection will not occur through participation in its programs or accessing its facilities.

NAME OF CAMPER: (print) _____

PARENT/GUARDIAN NAMES: (print) _____

(For camper under the age of 18)

Acknowledgement and Assumption of Risks:

I have read and understand the SPECIAL PARTICIPATION AGREEMENT. I acknowledge and assume the risks and dangers described above with me/my child being at Camp. I understand them and wish to participate in the activities of the Camp community, and I agree to the Release and Indemnity Agreement below:

RELEASE AND INDEMNITY AGREEMENT:

I, INDIVIDUALLY AND ON BEHALF OF MY CHILD (IF APPLICABLE), HEREBY RELEASE, DISCHARGE, INDEMNIFY, AND HOLD HARMLESS CAMP OLYMPIA, INC., CAMP MANAGEMENT, INC., CAMP MANAGEMENT FOODS, INC., WP REALTY, L.P. DBA WHISPERING PINES GOLF CLUB, OLYMPIA REALTY CORPORATION, RC HILLCREST, L.P., AND THE SPIRIT GOLF ASSOCIATION AND THEIR RESPECTIVE SHAREHOLDERS, DIRECTORS, OFFICERS, EMPLOYEES, AGENTS AND REPRESENTATIVES (ALL SUCH ENTITIES AND INDIVIDUALS BEING REFERRED TO COLLECTIVELY HEREINAFTER AS THE "RELEASED PARTIES") WITH RESPECT TO ANY AND ALL CLAIMS RELATED TO CONTRACTING THE CORONAVIRUS (COVID-19) AND ANY LOSS, BODILY INJURY, OR DAMAGES ASSOCIATED FROM IT WHICH I/ MY CHILD MAY SUFFER, ARISING OUT OF OR IN ANY WAY RELATED TO BEING A STAFF MEMBER AT THE CAMP, AND ON OR OFF THE CAMP PREMISES. I FURTHER AGREE TO INDEMNIFY (THAT IS DEFEND AND PAY, INCLUDING COSTS AND ATTORNEYS FEES) THE RELEASED PARTIES FROM CLAIMS BROUGHT BY OTHER MEMBERS OF MY OR MY CHILD'S FAMILY, AND CLAIMS BROUGHT BY OTHERS, INCLUDING OTHER STAFF MEMBERS OR CAMPERS, WHO CLAIM A LOSS CAUSED BY ME/MY CHILD. THESE AGREEMENTS OF RELEASE AND INDEMNITY INCLUDE CLAIMS CAUSED OR CLAIMED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE (WHETHER SOLE, JOINT OR CONCURRENT) OR GROSS NEGLIGENCE OF THE RELEASED PARTIES.

Any dispute between Camp Olympia or another Released Party and me and/or my child shall be governed by the substantive laws (not including the laws which might apply the laws of another jurisdiction) of the State of Texas, and any mediation or suit shall occur or be filed and maintained exclusively in Trinity County, Texas, to the jurisdiction of which court or courts I hereby consent, for myself and/or on behalf of my child.

If any part of this agreement is found by a court of competent jurisdiction to be invalid, the remainder of the agreement nevertheless will be in full force and effect.

This Agreement and Waiver of Liability does not supersede, circumvent, or cancel the CAMP OLYMPIA RELEASE, INDEMNITY AND MEDICAL TREATMENT AUTHORIZATION, but instead works together in conjunction with it.

I have read and accept the terms and conditions of this Agreement, and acknowledge and agree that it shall, to the fullest extent allowed by law, be effective upon me and/or my child, and our respective heirs, personal representatives, estates and family members.

Date

Signature of Participant (must be at least 18 years of age)

Date

Signature of Legal Guardian (if applicable)

Date

Signature of Legal Guardian (if applicable)

Date

Signature of Witness