

**ACTIVITIES / RELEASE OF LIABILITY FORM  
(ADULTS OVER 18 YEARS)**

**Note:** This form must be read and signed before the participant is allowed to take part in **ANY CAMP ACTIVITY**.

Participant's Name \_\_\_\_\_ Date of Birth \_\_\_ / \_\_\_ / \_\_\_

**IN CONSIDERATION** of being permitted to participate in any way in **CAMP ACTIVITIES**, I acknowledge, appreciate, and agree that:

1. I hereby agree to participate in the activities which may occur during my stay at camp, including but not limited to basketball, swimming, strenuous competition games, ropes course, giant swing, night games, Frisbee golf, hiking, volleyball, and other camp-related sports and activities. I realize that unanticipated and unexpected dangers may arise during and associated with the above activities. I voluntarily agree to accept any and all risks of injury, death or damages of any nature resulting directly or indirectly from participation in these activities.
2. I understand that camp activities can be physically and mentally intense. I understand the rules of play and will comply with all rules and regulations. If I observe any unusual or unnecessary hazard during my participation, I will bring such to the attention of the nearest official as soon as practical; and,
3. I, for myself and on behalf of my heirs, assigns, personal representative and next of kin, HEREBY RELEASE AND HOLD HARMLESS PINE VALLEY BIBLE CONFERENCE CENTER, their officers, officials, agents and/or employees ("releases"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss of damage to person or property, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEE OR OTHERWISE, except that which is the result of gross negligence and/or wanton misconduct.
4. I understand and agree that this Release of Liability Agreement covers each and every activity and event in which I participate hereafter.

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.

X \_\_\_\_\_ Date Signed \_\_\_ / \_\_\_ / \_\_\_  
Participant's Signature

\_\_\_\_\_  
Address City, State, Zip Code

Phone Number (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_