



## Waiver & Liability Release (1 Per Family)

Please fill one of these out for each household that is coming for day use of camp and who will be on the property.

Add Full Names for Each Participant

Household Leader: \_\_\_\_\_ Check to Confirm Not Experiencing Covid-19 Symptoms Prior to Coming

*This Guest is the Emergency Contact, please add a contact number here:* \_\_\_\_\_

Guest: \_\_\_\_\_ Check to Confirm Not Experiencing Covid-19 Symptoms Prior to Coming

Guest: \_\_\_\_\_ Check to Confirm Not Experiencing Covid-19 Symptoms Prior to Coming

Guest: \_\_\_\_\_ Check to Confirm Not Experiencing Covid-19 Symptoms Prior to Coming

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**Parents must stay on the property during swim lessons, however just in case, we would like to have an emergency contact on record.**

**Emergency Contact Name:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

### Waiver and Liability Release Information

**1. Subject.** Participant recognizes and expressly agrees that participating in any adventure, act of service, sport, pool use, pond use, or activity associated with the out-of-doors is an inherently dangerous activity. Further, Participant recognizes that certain safety precautions must be followed, yet even strict adherence to those procedures does not guarantee nor does Camp Koinonia guarantee Participant's safety.

**2. Waiver and Release from Liability.** Participant understands that Camp Koinonia assumes no responsibility for injuries or illnesses that Participant may sustain, a) as a result of Participant's physical condition, b) resulting from Participant's participation in the activity, c) as a result of another participant's or third person's actions, or d) as a result of participant's use of Camp Koinonia facilities, field, and/or equipment in connection with this activity. The Participant releases and agrees to hold harmless, defend and indemnify Camp Koinonia and its directors, officers, employees and agents from and against any and all claims for personal injury (including loss of life) and all other losses or damages (except those caused entirely by the gross negligence or intentional conduct of Camp Koinonia) that the Participant may suffer as a result of his or her participation and /or enrollment in Camp Koinonia activities.

**3. Medical Consent.** Participant grants permission to Camp Koinonia and its employees and agents to take the Participant to a licensed physician for medical treatment, emergency surgery, or hospitalization if Participant becomes ill, sustains an injury, or otherwise requires medical treatment or attention and Camp Koinonia is unable to contact the Emergency Contact listed by Participant. The Participant gives consent to any licensed physician to administer drugs or medicine or to perform such medical procedures as that physician determines necessary for the relief of pain and to preserve the Participant's life or health. Participant further authorizes Camp Koinonia to give first aid, CPR or other treatment by a qualified staff member to Participant and accepts that such a qualified person may not be available at the site of the accident, injury, or illness.

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**4. Property Loss.** Participant understands and agrees that Camp Koinonia is not responsible for personal property that is lost, damaged, or stolen in connection with this activity.

**5. Binding Effect.** This Agreement shall be binding upon Participant, his or her heirs, estate, successors, and legal representatives.

**6. Entire Agreement.** This Agreement represents the entire agreement between the parties. This Agreement shall not be modified or amended except by an agreement in writing signed by both parties.

**7. Acceptance.** If any portions of this waiver and release are held to be invalid, Participant agrees the remaining terms shall continue to be in full legal force and effect. Participant understands and agrees that this Waiver and Release is binding upon me and my heirs, estates and legal representatives.

**Photo Release:** I grant Camp Koinonia the absolute right to copyright, re-use, publish and republish by any medium, including electronically, any photos of my child or in which they may be included, that may be taken while participating in Camp Koinonia activities.

#### **Rules and Policies for Swimming Pool Area and Fun Zone**

- Social Distancing will be encouraged and enforced if needed. We encourage groups to socialize safely and to spread out at picnic tables, blankets or concession area. There will be a vacant site next to yours to make this easier for everyone.
- Please take regular self-screenings for Covid-19 confirming nobody has a fever, cough etc.
- Parents need to supervise their children and make sure they are doing their best to social distance.
- No inappropriate behavior of any kind. Again we are a family camp and wish to keep all of our guests comfortable and safe.
- Appropriate swimming attire must be worn. No cotton shorts, basketball shorts etc. Swimsuits only.
- Guests must wear shoes or sandals around camp.
- No pets.
- Public Swimming guests must remain in the pond, pool and fun zone area. No public guests can go to the RV park or camp buildings outside of the concession area.
- Swimming in the pond is not allowed without a lifeguard. Swimming in the pool will ALWAYS have a lifeguard. The gate is locked during non-swimming hours.
- Fishing is allowed by permit. Get permit at concession stand for \$5.00 per person. Max 3 fish to keep; catch and release must use a barb less hook or pinched hook.
- Garbage: guests must collect all their garbage at the end of their stay and bring it with them or utilize the dumpster cans.

#### **Other Important Communications**

- Pool will be utilized by signing up as a family group for a swim session. There will be plenty of sessions available. Sign up at the pool immediately when you arrive.
- Concession stand will be billed to each household at the end of your stay. Please provide credit card information on your first day for your household. We are not accepting cash.

**PLEASE READ CAREFULLY. THIS DOCUMENT CONTAINS A RELEASE AND WAIVER OF LIABILITY.**

**I have read and voluntarily signed this Waiver and Release of Liability.**

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**Household Leader Signature**

**Date**