



2025 Venture of Faith Camp Waiver

Please Print & Complete the Form Entirely

Full Name of Camp Attendee: _____

(If Under 18) Full Name of Parent/Guardian: _____

Address : _____ **City:** _____

State: _____ **Zip Code:** _____

Email Address: _____

Phone: _____

1. I give permission to *Venture of Faith Camp* to take photographs and/or record video and/or audio or otherwise record images and likenesses of me and/or my property and the minors listed above to use these for any printed or recorded uses of the business. I expressly release *VFC* from any and all claims which I may have for invasion of privacy, right of publicity, defamation, copyright infringement, or any other causes of action arising out of the use, adaptation, reproduction, distribution, broadcast or exhibition of such recordings of my image, voice, or likeness.
2. I assume all risks of participating in this event and activity and full responsibility for my conduct actions, including any injury to myself or damage to property that may result while at 1309 Highway 135 South - Lake Park, GA 31636, and I understand that *VFC* is not responsible for conditions that I create myself or those created by other campers or participants.
3. I am giving permission for my child to attend *Venture of Faith Camp*, I will not hold the camp or staff responsible in the event of an accident or sickness to my child. In the event emergency medical treatment is needed, I give my permission for my child to be treated.
4. I hereby confirm that the name stated above is in good physical condition and do not suffer from any disabilities or physical conditions that places me or others at risk or otherwise should prohibit their participation in the camp activities.
5. No one in my household has experienced any of the following symptoms in the 48 hours prior to this event - fever, chills, cough, shortness of breath, difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion, runny nose, nausea, vomiting, diarrhea.
6. Within 10 days prior to this event, me or no one in my household has been in close physical contact (6 feet or closer for a total of 15 minutes) with anyone who is known to have laboratory-confirmed COVID-19 OR anyone who has any symptoms consistent with COVID-19.
7. I acknowledge that I have read, understand, and fully agree to the terms of this WAIVER AND RELEASE and its contents. I understand and confirm that by signing this WAIVER AND RELEASE I have given up considerable future legal rights. I have signed this WAIVER AND RELEASE voluntarily, under no duress or threat of duress, without inducement, promise, or guarantee being communicated to me. My signature is proof of my intention to execute a complete and unconditional WAIVER AND RELEASE of all liability to the full extent of the law.

(If Under 18) Signature of Parent/Legal Guardian

Date

Signature of Camper

Date