

**FULL RELEASE OF LIABILITY**  
**(Release of All Claims for Individual Participants under 18 years)**  
**OS\* Summer Camp**  
**July 9 – 13, 2018**

This FULL RELEASE OF LIABILITY, dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, applies to any and all trips, outings, camps, mission trips or other activities sponsored by or related to ONE SPOKANE (hereinafter known as ONE\*) (each an “Activity” and, collectively, the “Activities”), in which \_\_\_\_\_ (the “Participant”) may participate.

*Type or Print Name of Participant*

The Activities will be of various types, levels of physical activity and duration may require certain skills and involve various modes of transportation, including automobile, boat and airplane. The Activities may occur inside or outside the United States of America. The specific Activity/Activities for which this Release shall apply, which I acknowledge is inherently dangerous and take full ASSUMPTION OF THE RISK for is as follows: **Attend OS\* Camp July 9 – July 13, 2018 at Riverview Bible Camp-Camp Cusick, WA Includes transportation to camp on Monday July 9<sup>th</sup> and transportation back to the church on Friday July 13,2018.**

References below to “ONE\*” shall be read to include the pastors, secretaries, other employees, volunteers, representatives, Activity sponsors and agents of ONE\*.

I/we, the Participant’s parent(s)/legal guardian(s), acknowledge that each Activity will have unique demands and risks. For example, ***without limiting the number and types of risks associated with each Activity, the participant will engage in recreational activities, including but not limited to: participation all camp activities for the week including meals, games, hiking, water sports, Bible studies, skits, including but not limited to, all organized camp recreational activities.***

Therefore, before Participant participates in an Activity, I/we, the Participant’s parent(s)/legal guardian(s), hereby agree to become informed of the nature of, and unique risks and demands associated with, the Activity and to inform ONE\* of any medical condition, restriction or other condition Participant has which could, or could have the potential to, cause Participant or others harm by Participant’s participation in the Activity.

I/we, the Participant’s parent(s)/legal guardian(s), being 18 years of age or older, on behalf of the Participant, hereby agree to ASSUME ALL RISK of personal injury, sickness, death, damage and expense as a result of Participant’s participation in an Activity.

I/we, the Participant’s parent(s)/legal guardian(s), RELEASE, FOREVER DISCHARGE AND AGREE TO PROTECT, DEFEND AND HOLD ONE\* HARMLESS FROM AND AGAINST ANY AND ALL CLAIMS, DEMANDS, CAUSES OF ACTION OF EVERY KIND AND CHARACTER, LOSSES, COSTS, EXPENSES (INCLUDING ATTORNEY FEES) AND DAMAGES OF EVERY KIND AND CHARACTER FOR INJURY, SICKNESS OR DEATH AND ANY DAMAGE OR ALLEGED DAMAGE TO ANY PROPERTY SUSTAINED OR ALLEGED TO HAVE BEEN SUSTAINED ARISING OUT OF, OR RELATED TO OR INCIDENT TO, THE PARTICIPANT’S PARTICIPATION IN AN ACTIVITY, INCLUDING TRAVEL TO AND FROM THE ACTIVITY, REGARDLESS OF WHETHER SUCH CLAIMS, DEMANDS, CAUSES OF ACTION OF EVERY KIND AND CHARACTER, LOSSES, COSTS, EXPENSES (INCLUDING ATTORNEY FEES) AND DAMAGES ARE CAUSED BY THE SOLE, JOINT OR CONCURRENT NEGLIGENCE OF ONE\*.

I/we, the Participant’s parent(s)/legal guardian(s), being 18 years or age or older, on behalf of the Participant, hereby agree to indemnify ONE\* for any liability sustained by ONE\* as the result of the Participant’s acts or omissions, including expenses incurred attendant thereto.

I/we, the Participant’s parent(s)/legal guardian(s), hereby give my/our permission for the administration of medical treatment, including but not limited to, first-aid and/or doctor’s care, or any other form of medical treatment necessitated by illness or injury incurred by the Participant that may require the same. In the event of the necessity of such care or treatment as hereto described, I agree to hold harmless and indemnify ONE\* from any acts of malfeasance, and/or failure to act on the part of those chosen to administer medical care on my behalf. I/we, the Participant’s parent(s)/legal guardian(s) also agree to assume full responsibility for any and all expenses that may be

incurred in connection with the administration of such necessary medical treatment and shall in no way require reimbursement from ONE\* for such expense.

IN WITNESS WHEREOF, the undersigned has/have executed this agreement to be effective as of the day and year written above.

**IF PARTICIPANT IS UNDER 18 YEARS OF AGE:**

\_\_\_\_\_  
Signature of Participant's Parent(s)/Legal Guardian(s)      Printed Name

\_\_\_\_\_  
Signature of Participant's Parent(s)/Legal Guardian(s)      Printed Name

\_\_\_\_\_  
Participant's Insurance Company      Policy Number:

\_\_\_\_\_  
Home Telephone #:      Work Telephone #