

## WHITE MOUNTAIN

- CAMPS -

## MINOR PARTICIPANT RELEASE AND WAVIER OF LIABILITY FORM

This Release and Wavier of Liability (the "Release") executed of	on this	on behalf of
	00/00/00	000
	, a minor child (the "Participar	nt"), by
(Insert the Participant's name)		
	, the parent having legal custo	ody and/or the legal guardianship of
(Insert the Guardian's Name)		, , , , , , , , , , , , , , , , , , , ,
the Participant (the "Guardian"), releases New England Fellow	ship of Evangelicals (the "Nonprof	fit"), a nonprofit Community Service
Club organized and existing under laws of the United States as		, ,
officers, employees, and agents.	(-),(-)	, , , , , , , , , , , , , , , , , , , ,
I, the Guardian of the above named Participant, do hereby give my co and the Guardian desire that the Participant engage in activities relat participant. The Participant and the Guardian are responsible for the illness as a result of participation in activities of the Nonprofit.	ted to serving or participating in the No	onprofit's activities as a player or
1. Waiver and Release: We, the Participant and the Guardian, Rel from any and all liability, claims, and demands of whatever kind or nature, eit participant with the Nonprofit, including claims arising out of negligence. We or claim that we may have against Nonprofit with respect of bodily injury, per involvement in the Nonprofit's activities.  2. Insurance: I, the Guardian, affirm that the Participant is covered.	ther in law or in equity, which arise or may he understand and acknowledge that this Release that this Release that injury, illness, death, or property dam	he reafter arise from the activities as a ease Discharges Nonprofit from any liability nage that may result from the Participant
Participant's medical bills if injury occurs. Further, we understand that Nonpr with financial or other assistance, including but not limited to medical, health illness, death or damage to his or her property. We expressly waive any such offered freely by Nonprofit in the event of such injury or medical expenses inc	rofit does not assume any responsibility for or disability benefits or insurance of any na claim for compensation or liability on the p	or obligation to provide the Participant ature in the event of the Participant's injury,
3. <b>Assumption of Risk</b> : We the Participant and the Guardian, undinvolved in may include activities that are inherently dangerous to the Participants of injury or harm of the Participant from these activities and Release Nonjactivities.	pant, including but not limited to all camp a	activities. We hereby expressly assume the
4. <b>Photographic Release</b> : We, the Participant and the Guardian, g images, video, or audio recordings of the Participant or his or her likeness or v. Nonprofit's events, including not limited to, any royalties, proceeds, or other	voice made by Nonprofit in connection with	n the Participant's involvement in
5. <b>Medical Treatment</b> : We, the Participant and the Guardian, here or may hereafter arise on account of any first-aid treatment or other medical with the Nonprofit. We give our consent for the Nonprofit to provide, admini	services rendered in connection with an en ister, or obtain medical treatment for the Pa	mergency during the Participant's activity articipant.
6. <b>Other</b> : We, the Participant and the Guardian, expressly agree the State of new Hampshire and that this Release shall be governed by and in		' '
in the event that any clause or provision of this Release is deemed invalid, the	•	•
By signing below, I, the Guardian of the above named Participant, exp	press my understanding and intent to	enter into this Release and Waiver of
Liability knowingly and voluntarily.		
(Signature of Guardian)		(Today's Date)

(Print Name)