

CAMP AGAPE
Bereavement Camp for Children

Consent Form for Staff

I, _____, hereby acknowledge my voluntary participation in a retreat sponsored by Camp Agape Bereavement Camp for Children.

I recognize and acknowledge that there are outdoor, camp, and water activities at Camp Agape, which involve risks of serious physical injuries to myself.

I FULLY ACCEPT THE RISKS INVOLVED IN THESE ACTIVITIES AND I FULLY AND COMPLETELY RELEASE CAMP AGAPE BEREAVEMENT CAMP FOR CHILDREN, AND ITS AGENTS AND REPRESENTATIVES, ALL AFFILIATED ORGANIZATIONS, THEIR DIRECTORS, OFFICERS, STAFF, AND EMPLOYEES FROM ANY LIABILITY OR CLAIM FOR DAMAGES OF ANY KIND ARISING FROM MY VOLUNTARY PARTICIPATION IN THESE ACTIVITIES.

Any special needs that I have, including medical concerns, have been made known to the staff at Camp Agape. In addition, I have made Camp Agape aware of any known allergies, and have specified in writing to Camp Agape any restrictions of activities while at Camp Agape. I, therefore, understand and release Camp Agape Bereavement Camp for Children and Representatives from any liability during the time of the retreat at Camp Agape.

Signature of Staff

Date

Print Name Legibly