

LIFE JACKET RELEASE

RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT

In exchange, Camp Sonshine of Immanuel's Church, permitting camper _____
_____ to not wear a life jacket at the following natural bodies of water:

- Sandy Point State Park
- Ocean Beaches
- Cunningham Falls State Park
- Greenbrier State Park
- Gunpowder Falls State Park
- Cascade Lake

I hereby agree to release, indemnify and discharge all agents, members, owners, directors, employees, volunteers, manufacturers, other participants, affiliates, subsidiaries and all other related entities, successors and assigns, (cumulatively referred to as "Released Persons") on behalf of myself, the Participant or Minor Participant, assignees, assignors, representatives, trustees, executors, and anyone acting on my behalf or on behalf of my estate as follows.

1. I agree that since Participant is a minor, as determined by Maryland state law, this Release of Liability and Assumption of Risk Agreement is made on behalf of that minor Participant and the releases, waivers and promises contained herein are binding on the minor Participant and that I have full authority as a parent or legal guardian to bind the minor Participant to this Agreement without limitation.
2. I acknowledge and agree that my minor entails known and unknown risks that may result in serious physical injury, emotional injury, or damages to me, my property or to third persons and third persons' property. I fully understand that there are known and unknown risks that cannot be reasonably eliminated from the activities that I voluntarily agree to participate in.
3. Some of the risks resulting from my minor's voluntary participation include, but are in no way limited to, serious injury to one's person, breaks, muscle injuries, harm caused by medical conditions (identified in paragraph 5 hereunder), acts and omissions of other persons and other participants, and other serious injuries that have been suffered by previous participants as well as injuries that have not yet been sustained by previous participants. I fully understand and accept these risks as well as any risks that are unknown to me upon the signing of this Agreement that may result in medical assistance, medical expense, and medical emergencies.
4. I certify and promise that I have adequate insurance to cover any injury or damage that may be caused by my minor's participation and suffered upon my person, my property, or other persons. I agree to pay the entire costs associated with injury to or damage to myself, my property or other persons and their respective property. I agree to hold harmless and indemnify the Released Persons for all costs associated with injury to or damage to myself, my property or other persons and their respective property.
5. I fully understand that the Released Persons lack knowledge of my medical and physical condition which may or may not result in any injury to myself or other persons and voluntarily assume the risk associated with my own medical and physical conditions.
6. I voluntarily accept all obligations relating to all attorney fees incurred by the Released Persons in defending or enforcing the terms of this Agreement that are in any way related to my participation.
7. I agree that as the Participant is a minor that I shall defend, indemnify, and hold harmless the Released Persons from any and all claims, lawsuits, or any other legal actions relating to property or personal injury

brought by or on behalf of the minor and are in any way related to or connected to the minor's participation.

8. Nothing in this Agreement shall constitute an admission of liability by any party. This Agreement and actions taken hereunder may not be interpreted or constructed as an admission by any party of any liability or wrongdoing whatsoever or the validity or liability of any legal theory or cause of action.

9. This Agreement shall be binding on the Participant and anyone acting on my behalf or behalf of my estate in perpetuity.

10. I agree that any dispute that I may have with the Released Persons or any other persons related to my participation and use of the facilities and grounds owned and operated by the Released Persons shall be pursued through Arbitration as approved by the American Arbitration Association. I agree to pursue any and all claims that may arise against the Released Persons through the Arbitration Services approved by the American Arbitration Association and voluntarily agree to be bound by the decisions and recommendations made by the Arbitrator. I understand that I am voluntarily waiving my rights to pursue the Released Persons in local, state and federal courts in favor of Arbitration.

By signing this Agreement, I acknowledge that if anyone is injured or property damaged during my minor's participation, that I have voluntarily waived my rights, or the minor Participant's rights to file or otherwise maintain a lawsuit against any Released Persons. I have had sufficient opportunity to read this entire Agreement. I have read this entire Agreement. I understand this entire Agreement and voluntarily agree to be bound by its terms without limitation.

CAUTION. THIS IS A RELEASE. PLEASE READ BEFORE SIGNING.

NAME OF PARTICIPANT: _____ DATE OF BIRTH: _____

HOME ADDRESS: _____ CITY: _____

STATE: _____ ZIP CODE: _____ PHONE: _____

EMERGENCY CONTACT

NAME: _____ RELATION: _____

PHONE (PRIMARY): _____ PHONE (SECONDARY): _____

MUST BE COMPLETED BY PARENT/LEGAL GUARDIAN OF MINOR PARTICIPANT

NAME (PARENT/LEGAL GUARDIAN): _____ RELATION: _____

HOME ADDRESS: _____ CITY: _____

STATE: _____ ZIP CODE: _____

MUST BE SIGNED BY PARTICIPANT OR PARENT/LEGAL GUARDIAN OF MINOR PARTICIPANT

(Signature) (Date)

IN WITNESS WHEREOF, the undersigned Participation has hereunto set his/her hand this

_____ day of _____, _____.

(Witness Name) (Witness Signature)