Summit Leadership Camp CONSENT AND RELEASE OF LIABILITY FORM

(Please use a pen and print clearly)

activities, and I expressly assume all risks of my participation, v time. I further generally release Summit Leadership Camp and agents, and other guests at the Camp, from any and all claims	involvement in the Camp may involve risk of property but not limited to the risks arising from transportation ors and rustic facilities, adverse weather conditions, and gic reactions. In addition, I understand that there may be esently aware. I am fully capable of safely participating in all Camp whether such risks are known or unknown to me at this their directors, officers, employees, volunteers, and that I may have against any of them as a result of propertipation in Camp activities, whether on or off Camp grounds rent risks described above, and other risks that I may not given on behalf of me, and the heirs, family, estate,
Prior to participation in Camp activities, I acknowledge that my damage and of personal injury, illness or even death, including related activities, recreational activities, accidents in the outdoor injuries and illness as a result of food-borne illnesses and allergother risks inherent in Camp activities of which I may not be present and Release of Liability, I warrant that activities, and I expressly assume all risks of my participation, with the time. I further generally release Summit Leadership Camp and agents, and other guests at the Camp, from any and all claims	but not limited to the risks arising from transportation ors and rustic facilities, adverse weather conditions, and gic reactions. In addition, I understand that there may be essently aware. I am fully capable of safely participating in all Camp whether such risks are known or unknown to me at this their directors, officers, employees, volunteers, and that I may have against any of them as a result of propertipation in Camp activities, whether on or off Camp grounderent risks described above, and other risks that I may not given on behalf of me, and the heirs, family, estate,
By signing this Consent and Release of Liability, I warrant that activities, and I expressly assume all risks of my participation, v time. I further generally release Summit Leadership Camp and agents, and other guests at the Camp, from any and all claims damage or personal injury, illness or death as a result of partici	whether such risks are known or unknown to me at this their directors, officers, employees, volunteers, and that I may have against any of them as a result of propert pation in Camp activities, whether on or off Camp ground rent risks described above, and other risks that I may not given on behalf of me, and the heirs, family, estate,
I agree that this release includes the ordinary, special and inher foresee or be aware of at this time. This Release of Liability is of administrators, executors, personal representatives and assign	ees of me.
I the undersigned further acknowledges the contagious nature of be exposed to or infected by COVID-19 by attending Summit Les such exposure or infection may result in personal injury, illness. Disease Control and Prevention, COVID-19 is a contagious distributed Summit Leadership Camp will put in place preventative guarantee that Participant will not come in contact with or becond diseases. I, myself, understand that the risk of becoming expose Camp may result from the actions, omissions, or negligence of Summit Leadership Camp staff, counselors, and other participant.	eadership Camp sponsored camp and activities, and that, permanent disability, and death. Per the Centers for ease thought to be spread mainly from person-to-person. We measures to reduce the spread of COVID-19, it cannot me infected with COVID-19 or and other infectious sed to or infected by COVID-19 at Summit Leadership myself, minor and others, including, but not limited to,
Other Releases and Acknowledgements I understand that, while my child is participating in Camp activit him/her may be taken for use in brochures, videos, releases to other work product. I do hereby irrevocably grant Summit Leade reproduce my child's name (first & last,) likeness and voice on a otherwise modify such media at its discretion, to incorporate the use of such media or any portion thereof in any manner or med or hereafter to be known.	the press, and various Idyllwild Pines publications and ership Camp permission to record, display and/or audio and/or video tape, film or other media, to edit and e media into any work product, and to use or authorize the
I do also hereby understand that most counselors/staff serving reporters and are bound by the California Code to report any st physical or sexual abuse which they may have suffered.	
Signature	Print Full Name
Date	Phone Number
Address, City, State, Zip	E-mail

Phone _____

Emergency Contact _____