

**OUTDOOR EDUCATION CENTER AT CAMP OLYMPIA RELEASE, INDEMNITY AND
MEDICAL TREATMENT AUTHORIZATION**

SCHOOL/GROUP NAME: _____

NAME OF PARTICIPANT(S): (print) _____

PARENT/GUARDIAN NAME: (print) _____

I am aware that during my or my child's* stay at Camp Olympia, my child*/I may encounter certain risks and dangers. These risks and dangers include, but are not limited to, serious bodily injury or death due to the hazards of being in a wilderness area, the forces of nature, and other risks and dangers because of the activities offered, and the nature of the grounds and facilities, at Camp Olympia. I am aware that Camp Olympia is located on a lake and has a swimming pool on the premises, and that I or my child* will have the opportunity to participate in aquatic activities, including, but not limited to, swimming, barge riding, canoeing, and any other activity arranged for my child*/my child's* group leader/me and/or Camp Management, Inc. directors. I am aware that Camp Olympia offers challenge course activities with high elements up to 35 feet high for which a belay system is used as well as low elements approximately three feet high for which ground spotters are used. I am also aware that Camp Olympia offers other activities including, but not limited to, team and individual sports, miscellaneous games, archery, horseback riding, and all aspects of camping. I understand that Camp Olympia could be filming and taking photographs which might include my child*/myself and that Camp Olympia might use such filming and photographs in promotional materials. I consent to my child*/myself being filmed and photographed and to use such filming and photographs for promotional purposes. I understand it is my sole responsibility to decide on and implement any activity restrictions which I deem necessary for my child's*/my personal welfare and safety.

AS ADDITIONAL CONSIDERATION FOR MY CHILD*/ME BEING PERMITTED TO PARTICIPATE IN ANY OF THE ACTIVITIES OFFERED BY CAMP OLYMPIA AND/ OR THE OUTDOOR EDUCATION CENTER AT CAMP OLYMPIA, I, INDIVIDUALLY AND ON BEHALF OF MY CHILD,* HEREBY AND RELEASE AND DISCHARGE CAMP MANAGEMENT, INC., CAMP OLYMPIA, INC., AND CAMP MANAGEMENT FOODS, INC. WP REALTY, L.P. DBA WHISPERING PINES GOLF CLUB, OLYMPIA REALTY CORPORATION, AND THE SPIRIT GOLF ASSOCIATION AND THEIR RESPECTIVE SHAREHOLDERS, DIRECTORS, OFFICERS, EMPLOYEES, AGENTS AND REPRESENTATIVES (ALL SUCH ENTITIES AND INDIVIDUALS BEING REFERRED TO COLLECTIVELY HEREINAFTER AS THE "RELEASED PARTIES") FROM LIABILITY TO ME FOR LOSS OR DAMAGE, AND CLAIMS OR DEMANDS FOR LOSS OR DAMAGE ON ACCOUNT OF INJURY TO MY CHILD*/ME OR MY PROPERTY, WHETHER CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE (WHETHER SOLE, JOINT OR CONCURRENT) OR GROSS NEGLIGENCE OF THE RELEASED PARTIES, AND I FURTHER HEREBY AGREE TO DEFEND, INDEMNIFY, AND HOLD HARMLESS THE RELEASED PARTIES FROM ANY CLAIMS, LOSS, LIABILITY, DAMAGE, OR COSTS THAT MAY INCUR ARISING OUT OF OR IN ANY WAY RELATED TO MY CHILD'S*/MY PRESENCE ON THE PREMISES OF CAMP OLYMPIA

AND/OR MY CHILD'S*/MY PARTICIPATION IN ANY OF THE ACTIVITIES OFFERED BY CAMP OLYMPIA AND/ OR THE OUTDOOR EDUCATION CENTER AT CAMP OLYMPIA.

I have read and voluntarily signed this Release and Indemnity, and I further agree that no oral representations, statements or inducements apart from the foregoing written agreement have been made. I understand this document includes a full and final release and indemnification of all claims.

In case of accidents or illness, I authorize Camp Management, Inc. to request and obtain necessary medical services for my child*/me should an emergency arise as determined by the camp director. I acknowledge and understand that the cost of any such medical care is my financial responsibility and/or that of my legal guardian, if any.

_____	_____
Date	Signature of Participant <i>(must be at least 18 years of age)</i>
_____	_____
Date	Signature of Legal Guardian(s) (if applicable)
_____	_____
Date	Signature of Legal Guardian(s) (if applicable)
_____	_____
Date	Signature of Witness
Home Phone No. _____ Work Phone No. _____	

Name and Phone Number of a person who should be contacted in the event the participant's legal guardian cannot be reached:

Name: _____ Phone No.: _____

*Or ward if and as applicable