



# Camp Discovery Release of Liability and Media Consent

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## PLEASE PRINT

Participant \_\_\_\_\_  Student  Teacher  Volunteer  Other

Parent Name (if student is <18) \_\_\_\_\_

Address \_\_\_\_\_ Email \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone(s) \_\_\_\_\_

School Name \_\_\_\_\_ Teacher \_\_\_\_\_

➤ **This release form is valid for participation in any Camp Discovery programs one year from date of visit.**

Participants over the age of 18 will receive the Camp Discovery newsletter and an occasional program announcement or request. We assume that participants may wish to learn about the wide range of programs and services offered. Anyone may unsubscribe at the bottom of any e-mail, and we never sell or use our information with an outside third party

## LEGAL DISCLOSURE

**Safety is our first priority. We take every step to create the safest environment possible at Camp Discovery. However, certain risks do apply. Please read below carefully. Each participant (of age), guardian, teacher, chaperone and/or parent must sign this agreement before participating in a Camp Discovery program.**

*I, we, the parent/parents/legal guardians of the above participant, for and in consideration of my child's participation in a public program under the supervision of Camp Discovery, hereby agree and promise not to hold Camp Discovery, nor its officers, employees and agents who are assisting, responsible for any loss, damages or personal injuries that our child may receive as a result of such participation.*

*This waiver of liability expressly includes any activity related to or occurring during any Camp Discovery program and responsibility for any loss, damages, or personal injuries that your child may receive therefore. I understand that there are some risks inherent in the activities that are included in the camp program, but willingly assume these risks in order to participate. I also agree to instruct my child to follow all instructions and procedures in order to maintain a maximum level of safety. I give my permission for any emergency medical care or treatment by a physician, surgeon, hospital, or medical care facility that may be required.*

*We respect your privacy. By signing, you understand that while participating, the media and/or Camp Discovery may take photos, video, or audio of participants in action and you grant permission to Camp Discovery to use the image/voice of said participants in news and promotional material, unless otherwise noted in limitations below.*

\_\_\_\_\_  
Signature of Participant or Legal Guardian (if participant is under 18)

\_\_\_\_\_  
Date

**LIMITATIONS: If the participant has any limitation / medical / allergies/ behavior precautions which affects full participation in activities, or you do not wish to allow photos or video of said participant to be used, please state below:**

\_\_\_\_\_  
\_\_\_\_\_