



State of South Carolina, County of Richland Volunteer Release from Liability Photo Consent

Camp Discovery at His Acres, Inc. • 208 Claude Bundrick Rd. • Blythewood, SC 29016
Donna E. Johnson, CTRS - President (803) 754-2008

WHEREAS, Camp Discovery at His Acres, Inc. is a tax exempt charitable organization providing emotional, mental, physical, and spiritual assistance to people with special needs, and

WHEREAS, in order to carry out its purposes Camp Discovery requires the services of individuals who volunteer their time and effort to carry out the purposes of the organization without accepting liability on the part of Camp Discovery for any injuries or damages which such volunteers experience in connection with their efforts for the organization, and

WHEREAS, the undersigned desires to volunteer his or her time and services to carry out the function of the organization, **NOW THEREFORE**, in consideration for being allowed to participate in the operations of Camp Discovery at His Acres, Inc. the volunteer (or if I sign for my child / youth who is under 18 years of age, and in either case, hereafter referred to as "I") does hereby agree as follows:

1. I acknowledge that some of the activities in which I intend to participate on the property of Camp Discovery at His Acres, Inc. are dangerous activities which may result in serious bodily injury or even death to myself or to others. Furthermore, the activities in which I intend to participate may result in damage to property belonging to me or to others which could result in significant economic damages to the owner of such destroyed or damaged property.

I certify that I understand the dangers I am undertaking and that I am competent to perform and engage in the work and activities without supervision or instruction from any person. Any action I take is my sole responsibility and a result of decisions I make for myself after considering the safety of the action to be taken. I understand I may choose not to engage in any activity in which I am not willing to accept the dangers such activity presents to me, to others, or to anyone's property.

2. I hereby remise, release and forever discharge, and for my Heirs, Executors, Administrators, Personal Representatives, Successors and Assignees do hereby remise, release and forever discharge Camp Discovery at His Acres, Inc. its Successors and Assignees and its representatives, agents, servants and employees (including the management) of and from any and all claims, demands, rights, and by reason of any and all known and unknown, foreseen and unforeseen bodily and personal injuries, damage to property, and all the consequences thereof, resulting from intentional or negligent act or acts which I might commit while performing services at the property known as Camp Discovery at His Acres, Inc.

3. I agree to indemnify and hold Camp Discovery at His Acres, Inc. harmless for any liability it incurs as a result of acts committed by me or as a result or resulting from my activities at His Acres, Inc.

4. I am aware that **photographs** may be taken during activities and used in a variety of ways in the process of fulfilling the mission of Camp Discovery at His Acres, Inc. including the camp's web site and newsletter. If you wish to be excluded from photos please strike through this section.

5. This document will remain in force to reduce repetitive paperwork for volunteers who serve Camp Discovery at His Acres, Inc. more than one time. If any portion of this document needs to be rescinded, please mail notice to Camp Discovery, 208 Claude Bundrick Road, Blythewood, SC 29016. Otherwise this record will suffice for future volunteerism.

The undersigned has caused this instrument to be executed on this _____ (day) of _____ (month) of _____ (year) and I understand it is a Release and Waiver of important rights a Volunteer might have in the event a Volunteer is injured or causes someone else to be injured or property to be damaged.

PLEASE PRINT Check here: if you wish to be on the camp's newsletter mailing list.

For adult or child/youth (Parent or Legal guardian signature required to use ladders, power tools, etc.) Otherwise please use the child Permission Slip.

Print Child's Full Name: _____ Date of Birth: _____

School / Program / Troop #: _____

Name of Adult Volunteer or Parent: _____

Signature: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone(s): _____