

**MISSION SPRINGS CAMP AND CONFERENCE CENTER  
WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT**

1. In consideration for participating programs at Mission Springs I/we hereby RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE, Mission Springs Camp and Conference Center, The Pacific Southwest Conference of the Evangelical Covenant Church, their officers, agents, servants, or employees (Collectively, "Mission Springs" and hereinafter referred to as RELEASEES) from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage, or injury, illness, including death, that may be sustained, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES, or otherwise, while participating in such activities, or while in, on or upon the premises where the activities are being conducted.
2. I am fully aware of the usual and unusual risks involved and hazards connected with these activities, including but not limited to risk of transmission of disease, including Covid-19, athletic injury or for safety and care interventions that may need to be implemented based upon my child's behavior. I hereby elect to voluntarily have my child participate in said program/activities with full knowledge that said program/activities may be hazardous to my child. I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY AND ALL RISKS OF LOSS, PROPERTY DAMAGE OR PERSONAL INJURY, INCLUDING ILLNESS OR DEATH, that may be sustained, or any loss or damage of property, as a result of being engaged in such activities, WHETHER CAUSED BY THE NEGLIGENCE OF RELEASEES OR OTHERWISE.
3. I further hereby AGREE TO INDEMNIFY AND HOLD HARMLESS the RELEASEES from any loss, liability, damage or costs, including court costs and attorney fees, that they may incur due to my child's participation in said activities, WHETHER CAUSED BY NEGLIGENCE OF RELEASEES or otherwise.
4. It is my express intent that this Waiver of Liability and Hold Harmless Agreement shall bind the members of my family and my heirs, assigns and personal representative, and shall be deemed as a RELEASE, WAIVER, DISCHARGE AND COVENANT NOT TO SUE the above-named RELEASEES. I hereby further agree that this Waiver of Liability and Hold Harmless Agreement shall be construed in accordance with the laws of California.
5. Protected Health Information (PHI) is personal and sensitive information related to a person's health care. Through my participation in this program, I understand that I may overhear or witness PHI. I agree, if PHI is inadvertently overheard, to strictly protect the confidentiality of that PHI.

IN SIGNING THIS RELEASE, I ACKNOWLEDGE AND REPRESENT THAT my child is well enough to participate in these activities. I am not aware of any reason that would restrict his/her full participation. I understand the expectations above; and, I have read the foregoing Waiver of Liability, Hold Harmless Agreement, and expectation of confidentiality, understand it and sign it voluntarily as my own free act and deed. No oral representations, statements, or inducements, apart from the foregoing written agreement, have been made. I am at least eighteen years of age and fully competent, and I execute this Release for full, adequate and complete consideration fully intending to be bound by the same.

Print name of child \_\_\_\_\_

Date: \_\_\_\_\_

Print name \_\_\_\_\_

\_\_\_\_\_  
Signature