

# Waiver Form



**CAMP DEL CORAZON**  
Making a difference in the lives of children with heart disease.

## Acknowledgement, Assumption of Risks, and Release of Claims

Name of Participant: \_\_\_\_\_

Program Location & Date(s): \_\_\_\_\_

**The safety and well being of each participant is of paramount importance to Camp del Corazon and the professional staff, employees, and trustees of Camp del Corazon. All reasonable care and precautions are taken to ensure a fun, educational experience. The following "acknowledgment and assumption of risk and release of claims" is both a requirement of insurance coverage and an important reminder to you as a participant to be sure that you are properly prepared.**

I, \_\_\_\_\_, desire to participate in the course specified. I understand the above mentioned program offered through Camp del Corazon will take place in a wilderness environment and may include, but not limited to, the following potential hazardous activities: hiking, camping, swimming, initiative activities, high/low ropes course, rock climbing, beach activities and transportation to and from activity sites. The inherent risks of these activities include the following: personal injury, property damage, illness, or death.

I understand that Camp del Corazon does not require that I participate in the above-mentioned course.

In recognition of the potentially hazardous nature of the elective course, I, or my child, my heirs and assigns, hereby release Camp del Corazon and the professional staff, employees, the trustees of Camp del Corazon, and its agents from all claims of negligence, arising from participation in the course. I further agree to hold harmless and indemnify Camp del Corazon and the professional staff, employees, the trustees of Camp del Corazon, and its agents for all defense costs, including attorney fees, and any other costs resulting in connection with my participation in this activity.

I understand that this release relates to all claims and liability during and after the trip resulting from a pre-existing medical condition. I have read and completed fully the medical form provided by Camp del Corazon and accept full responsibility for omissions or errors on the medical form.

I also understand that this release relates to all claims and liability resulting from unforeseen or intemperate weather. I have read the clothing list provided by Camp del Corazon and accept full responsibility for inadequate clothing provided by me; or those items, which I fail to provide.

I have read this entire "acknowledgement and assumption of risk and release of claims" and fully understand the contents. My signature indicates that I have satisfied my questions and concerns regarding the above-mentioned program by talking with a representative of Camp del Corazon.

PARTICIPANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PARENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

*(If participant is under the age of 18)*



## Photo Release

Participant Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Sex: \_\_\_\_\_

The undersigned do hereby authorize Camp del Corazon, to interview, photograph or make any other visual or audio recordings of the person named above, who will be identifiable.

The undersigned authorizes the use for television, radio, magazines, newspaper, web site and any other forms of media presentations, for related stories about the programs sponsored by Camp del Corazon, Inc.

Authorization and/or consent as outlined above are hereby granted. I hold Camp del Corazon, its agents, employees and volunteers harmless from any claim for injury or compensation resulting from the activities authorized by this document.

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

PARENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

*(If participant is under the age of 18)*