



## Liability Release

In consideration for me or my child being permitted to participate in OKamp, related events and activities, the undersigned acknowledge and agrees that: as the natural parent and/or as the legally authorized guardian or as an adult over the age of 18 years of age, do hereby for myself, my spouse, my child, and on behalf of my/our heirs, personal representatives, and assigns, agree not to sue and hereby release, waive, discharge, hold harmless and indemnify and forever defend KSTEP and OKamp, its members of the Board of Directors, it's staff, individually and collectively, its officers, employees, servants, agents, and directors, from any and all liability, losses, claims, actions, suits, procedures, demands, rights, and causes of action of whatever nature, in law and equity, for any and all known or unknown, foreseen or unforeseen, bodily or personal injuries, death and permanent injury, illnesses, damage to property, or other losses, and any consequences thereof, including expenses, costs, and attorney's fees, as may be sustained by me or my child arising out of or in any way associated with my or my child's participation in OKamp, or travel incident thereto, whether by negligence or not to the fullest extent permitted by law.

The risk of serious injury to me or my child from these camp activities does exist including the potential for permanent disability and death. I understand and fully acknowledge that my or my child's participation in these activities is solely at my or our own risk and I assume full responsibility. I hereby further declare that I or my child has had a physical examination within the past one - (1) year and is physically and mentally able to participate in all camp activities. I certify that I or my child/ward is in good health and is able to participate in all activities. If any attention is required for illness or injury, I authorize a camp or facility staff member to obtain immediate medical care and give consent to the hospitalization of, or performance of necessary testing, surgery or administration of drugs to me or the child/ward below, in the event that a parent/guardian cannot be contacted.

Moreover, I hereby understand and affirm that any charges including deductibles related to the medical care provided to me or my child will be entirely the responsibility of my primary insurance carrier or me.

I HAVE CAREFULLY REVIEWED AND VOLUNTARILY AGREE TO THE TERMS OF THIS CAMP WAIVER AND RELEASE OF LIABILITY AGREEMENT.

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Camper Name

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Parent/Guardian Name

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Parent/Guardian Signature

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Date