



***Behavior Agreement**

I recognize that participating in a session at Camp Marshall is an experience of living in Christian community. Out of respect for myself and for other campers, I give my word that I (or my child) will live by these non-negotiable norms at camp. I realize that if I choose not to live by these norms, I risk being sent home at my parents' expense.

1. No illegal drugs, tobacco products, firearms, alcohol, weapons, or fireworks.
2. Families must not enter other family's (or staff member's) residences without permission.
3. Unless accompanied by a parent, campers must remain on camp property unless they are part of a supervised activity off-site.
4. Campers must demonstrate respect for camp staff members, for themselves, and for one another.
5. Campers must respect waterfront rules or risk being expelled from the waterfront.

YES NO

***Multimedia Release**

1. I hereby authorize the Episcopal Diocese of Montana to take film, video, or still pictures and audio recordings of me (or my child or family) without restriction while participating in activities at Camp Marshall.
2. I also agree that such film, video, audio recordings, or still pictures may be used by the Episcopal Diocese of Montana for promotional purposes and to share projects with campers or with the public.
3. I grant and assign to the Episcopal Diocese of Montana all rights, titles, and interest to my performance and appearance. This is a complete and full release of all claims, whether legal or equitable, in connection with said performance and program. The release is intended to bind my heirs, legal representatives, and successors.

I grant permission for the multimedia release as described above:

Yes No

***Permission to Participate in Camp Programs (when applicable)**

I give permission for my child (or myself/my family) to participate in all activities at camp, including hiking, field games, archery, challenge course initiatives, swimming activities supervised by certified lifeguards either at camp or in public pools, kayaking trips, sailing trips, boating trips, stand up paddleboarding (SUP) outings, and to be transported as part of the Camp Marshall experience.

YES NO. NA

***Permission to Participate in Activities on Flathead Lake (When Applicable)**

I give permission for my child (or myself/my family) to participate in watersports trips sponsored and supervised by The Episcopal Diocese of Montana / Camp Marshall staff. Campers will participate in swimming, kayaking, and SUP outings in groups of 4-12, on trips appropriate to their skill level, with at least two staff members trained in water rescue and first aid. Trips to Wild Horse Island will take place via the camp motorboat or by kayak. On water-based outings, campers may be two or more hours from professional medical care, may be subject to extremes in weather, and will be held responsible for their own behavior on all trips.

YES NO. NA

**2023 Release of Liability Form for
The Episcopal Diocese of Montana**



COVID 19:

Check or initial the following two statements if you agree: If you are unable to check these, we will either need to cancel or consider new dates for using the camp.

I am aware there is a risk too myself and my family by visiting or residing at Camp Marshall. Attending/visiting camp may cause injury or illness such as, but not limited to Influenza, MRSA (Methicillin-resistant Staph aureus), or COVID-19 that may lead to paralysis or death.

I agree that if I or my family who will be attending an event at Camp Marshall (a)experience symptoms that of fever, fatigue, difficulty in breathing, or dry cough or exhibiting any other symptoms relating to COVID-19 or any communicable disease (b)have a suspected or diagnosed/confirmed case of COVID-19 that I will cancel my plans to attend. (If possible, we will book you into a different session and or provide a refund for your session).

To participate I agree to the following:

I and or my family members who will be attending Camp Marshall will be vaccinated against COVID-19 with at minimum the first round of vaccines. *Camp Marshall strongly recommends the bivalent Covid-19 Booster also be completed prior to arriving at camp.

That I agree to provide the camp with a copy of my shot records that will be kept in the health center. *Unless the individual has a medical exemption or is under the age of five. ***If I am attending a “day program” such as a guest during Celebrate Camp Marshall weekend I may attend even if I have not been vaccinated. In that instance, plan to participate primarily outdoors and when indoors agree to wear a mask and practice social distancing.**

I am fully and personally responsible for my own safety and actions during and during my stay at Camp Marshall and I recognize that I may be in any case at risk of contracting COVID-19. I agree to practice social distancing and to wear a mask whenever in proximity of another person who is on the property.

I acknowledge and agree that, due to the nature of the facilities and services offered by Camp Marshall, social distance of 6 feet per person may not always be possible. The undersigned fully understands and appreciates both the known and potential dangers of utilizing the facilities and services. *I understand that masks will not be worn during sleep or participating in outdoor activities.

With full knowledge of the risks involved, I hereby release, waive, discharge The Episcopal Diocese of Montana, Camp Marshall, its board, officers, independent contractors, affiliates, employees, representatives, successors, and assigns from any and all liabilities, claims, demands, actions, and causes of action whatsoever, directly or indirectly arising out of or related to any loss, damage, injury, or death, that may be sustained related to COVID-19.

***Release of Liability**

I understand that my participation in camp activities may expose my child (or me or my family) to dangers from known and unexpected risks. Acknowledging that such risks exist, I hereby release and discharge The Episcopal Diocese of Montana / Camp Marshall, its officers, agenda, and employees from any and all claims or liability for personal injury and property damage I may suffer while participating in cap activities; including, but not limited to, any claim arising out of any condition on the premises or the facility at which the activity is held or the conduct of any person in connection with the preparation for, supervision of, or conduct of any activity, whether planned or unplanned.

YES NO

Name of Participant(s): _____

*Signature _____

Date: _____

I have read this release form thoroughly and understand its terms. I execute it voluntarily and irrevocably. Please sign your name above.