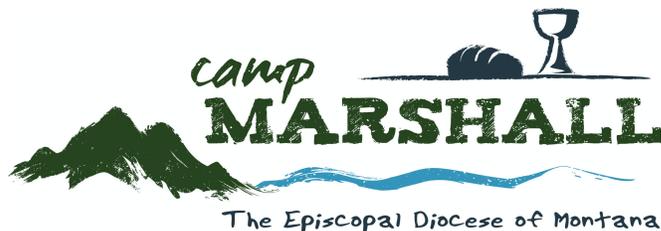


Camp Marshall Release of Liability Form for Groups



Name of Group: _____

Dates Attending Camp Marshall: _____

Section 1: Behavior Agreement

I understand that participating in a session at Camp Marshall involves living in a Christian community. To ensure a positive experience for everyone, I (or my child) agree to abide by the following norms:

1. No illegal drugs, tobacco products, firearms, alcohol, weapons, or fireworks.
2. I will not enter other families' or staff members' residences without permission.
3. (If a minor) Unless accompanied by a parent, I will remain on camp property unless participating in a supervised off-site activity.
4. I will show respect to camp staff members, myself, and other campers.
5. I will adhere to waterfront rules, failure of which may result in expulsion from the waterfront.

YES NO

Section 2: COVID-19 Acknowledgement

Check or initial the following statements if you agree:

I am aware that visiting or residing at Camp Marshall carries a risk of injury or illness, including but not limited to Influenza, MRSA, or COVID-19, which may result in paralysis or death.

(Personal Responsibility) I agree that if I or my family who will be attending an event at Camp Marshall:

- a) Experience symptoms such as fever, fatigue, difficulty in breathing, or dry cough related to COVID-19 or any communicable disease, or
- b) Have a suspected or diagnosed/confirmed case of COVID-19, I will cancel my plans to attend. Alternate session dates or a refund may be provided if possible.

"I acknowledge that I am fully and personally responsible for my own safety and actions during my stay at Camp Marshall. I am aware that there is a risk of contracting COVID-19, and I understand that taking precautions such as vaccinations, practicing social distancing, and wearing a mask when in proximity to others on the property are effective ways to reduce the spread of COVID-19. However, I acknowledge that not all individuals within my group may adhere to these measures, which may increase my potential exposure to COVID-19. For instance, due to the nature of the facilities and services offered by Camp Marshall, maintaining a social distance of 6 feet per person may not always be possible. It is important to note that masks will not be worn during sleep or outdoor activities. Additionally, I understand that not all guests may be vaccinated. These are just a few examples of the circumstances that may impact my exposure to COVID-19 during my time at Camp Marshall."

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.

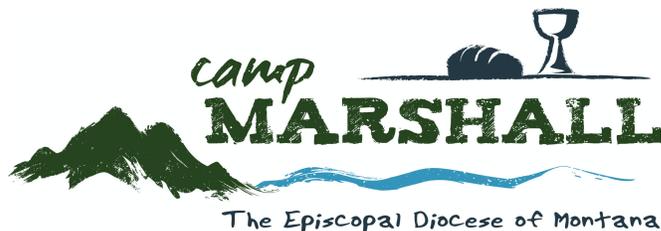
Section 3: Permission to Participate in Camp Programs (When Applicable)

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, kayaking trips, sailing trips, boating trips, and stand-up paddleboarding (SUP) outings. I also give consent for transportation as part of the Camp Marshall experience.

YES NO N/A

Physical Address: 41524 Melita Island Rd., Polson, MT 59860
Mailing Address: PO Box 2020, Helena, MT 59624 Phone: (406) 849-5718
Website: <https://www.campmarshallmontana.org/>

Camp Marshall Release of Liability Form for Groups



Section 4: Multimedia Release

1. I hereby authorize the Episcopal Diocese of Montana to take film, video, audio recordings, or still pictures of me (or my child/family) during activities at Camp Marshall.
2. I agree that the Episcopal Diocese of Montana may use these recordings or pictures for promotional purposes and sharing with campers or the general public.
3. I grant and assign to the Episcopal Diocese of Montana all rights, titles, and interest to my performance and appearance. This release binds my heirs, legal representatives, and successors.

I grant permission for the multimedia release as described above:

Yes No

Section 5: 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. These trips may include swimming, kayaking, and SUP outings in groups of 4-12, with at least two staff members trained in water rescue and first aid. Trips to Wild Horse Island will be conducted via the camp motorboat or by kayak. During water-based outings, campers may be two or more hours from professional medical care and will be responsible for their own behavior.

YES NO N/A

Section 6: Release of Liability

I understand that my participation in camp activities may expose my child (or me/my family) to dangers from known and unanticipated risks. Acknowledging these risks, I hereby release and discharge The Episcopal Diocese of Montana/Camp Marshall, its officers, agents, and employees from any and all claims or liability for personal injury and property damage that may occur while participating in camp activities. This includes any claims arising from conditions on the premises or the facility where the activities are held or the conduct of any person involved in the preparation, supervision, or conduct of the activities, whether planned or unplanned.

YES NO

Section 7: Mailing List Subscription: Please send me an electronic evaluation form and add me to the Camp Marshall email newsletter.

Please provide your email address: _____

Cell phone: _____

Yes No

Name(s) of Participant(s): _____ Today's Date _____

Participant Signature(s): _____

I have read this release form thoroughly, understand all its terms, and voluntarily agree to it. Please sign your name above.

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