

# Episcopal Diocese of Montana

## Permission to Participate and Release of Liability

Please initial on the line beside each release or permission and sign on the last page.

**\*This form is required**

### Permission to Participate for all Programs

Initials: \_\_\_\_\_

I give permission for me/my child/family to participate in all activities\*including hiking, field games, archery, challenge course, field trips, swimming activities supervised by certified lifeguards either at camp or at public pools (used in diocesan programs like day camps), kayaking trips, sailing trips, boating trips, stand up paddleboard outings, challenge course activities, and to be transported as part of the Camp Marshall or Youth Program experience.

**\* except for activities specified in the health history medical release form or health exam form**

### Information on Kayaking, Stand up Paddle boarding, and Wild Horse Island Trips for Youth Camp Participants

Initials: \_\_\_\_\_

I hereby give permission for my child (if kayaking or SUPing, having passed his or her swimming and kayaking or SUP tests) to participate in this trip sponsored and supervised by The Episcopal Diocese of Montana Camp Marshall Staff. Campers will be in groups of six to twelve, on trips appropriate to their skill level, with two to three staff members, at least two of whom are trained in water rescue and first aid. At most points on the trip, the group will be a minimum of two hours from professional medical care. Campers may be subject to extremes in weather and will be held responsible for their own behavior on the trip.

### Information on Adventure Week Outings (for Adventure Week participants only)

Initials: \_\_\_\_\_

I hereby give permission for my child (if kayaking or SUPing, having passed his or her swimming and kayaking or SUP tests) to participate in these activities as part of Adventure Week, including off-site hikes, extended kayaking or sailing trips and at least one camping overnight. Campers will be accompanied by staff trained in water rescue and first aid. At most points on the trip, the group will be a minimum of two hours from professional medical care. Campers may be subject to extremes in weather and will be held responsible for their own behavior on the trip.

### Release of Liability

Initials: \_\_\_\_\_

I understand that my participation in this/these activities can expose me/my child/my family to dangers both from known and unanticipated risks. Acknowledging that such risks exist, 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 or property damage I may suffer while participating in the activity; including, but not limited to, any claim arising out of any condition on the premises or of 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.

### Unsupervised Kayaking or Stand up Paddle boarding by Adults (Family Campers or Staff/Volunteers)

Initials: \_\_\_\_\_

I or my family (user(s)) agree not to hold the Episcopal Diocese of Montana, Camp Marshall, its staff, agents, representatives, or employees responsible for any injury, exposure, or death that may occur while kayaking without supervision by trained personnel. In addition, the user(s) of the kayaks will be held responsible for any damages to the kayaks, SUP's, and/or kayaking or SUP equipment (i.e. lifejackets, paddles, seats...)

**Episcopal Diocese of Montana**  
**Permission to Participate and Release of Liability**

Please initial on the line beside each release or permission and sign on the last page.

**\*This form is required**

**Behavior Agreement for Youth and Day Camp Participants**

Initials: \_\_\_\_\_ Campers Initials: \_\_\_\_\_

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

1. No illegal drugs, tobacco products, alcohol, firearms, weapons, fireworks, or sexual activity.
2. No girls in the boys' area or boys in the girls' area (such as bathrooms) after program hours.
3. Campers must remain on camp property (unless they are part of a supervised activity).
4. Campers must demonstrate respect for camp staff, for themselves, and for one another.

**Multimedia Release**

I hereby authorize the Episcopal Diocese of Montana to take film, video and/or still pictures, and audio recordings of me/my child/my family without restriction while participating in authorized Camp Marshall activities and Diocesan Workshops and/or Youth Events for inclusion in multimedia projects.

I also agree that such film, video and/or still pictures, audio recordings may be used by the Episcopal Diocese of Montana for promotional purposes and to share the projects produced on the World Wide Web, with other campers, and for presentations by the Camp Director or his/her designee, but that no part of these materials containing my likeness or voice will be used for commercial broadcast or rebroadcast purposes without my expressed written permission.

I hereby 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 all of my heirs, legal representatives and successors.

I enter into this Release with the understanding that it is without monetary reimbursement to me.

Initials: \_\_\_\_\_ **Please initial here if you agree to the multimedia release. (To opt out, *do not initial.*)**

**Signatures**

I have read this Release Form thoroughly, and understand all of its terms. I execute it voluntarily and irrevocable.

Name of participant: \_\_\_\_\_ Date: \_\_\_\_\_

Name of parent/guardian (if participant is under 18): \_\_\_\_\_ Date: \_\_\_\_\_

Signature of participant (or parent/guardian): \_\_\_\_\_ Date: \_\_\_\_\_

Contact the Camp Director with questions or concerns at (903) 271-7069 or at [campmarshalldirector@diomontana.com](mailto:campmarshalldirector@diomontana.com)