



CHENOWETH TRAILS

(All participants and/or parents must read and sign this release)

LIABILITY RELEASE

I on behalf of myself or my child/children/ward, understand that Darke County Conservation Day Camp (the "Event") being held June 9th & 10th, 2021 and the other activities associated with the Event pose certain risks to life and health and require continuous awareness of and attention to those risks. By my signature below, and in consideration of my (or any child's/ward's) participation in the Event, I agree to hold harmless The Light Foundation and Darke Soil & Water Conservation District, its employees, directors, volunteers, and sponsors of the Event for any and all injuries that may arise from my participation in the Event, and I waive and release the same, for myself, my child/ward, my heirs, my executors, my successors and assigns, from all claims whatsoever for any injuries or damages I or my child/ward may suffer while participating in the Event. I affirm that I (or my child/ward) am physically fit and capable of sustaining the rigors of the Event. I understand that this release is contractual, and not a mere recitation and I have voluntarily signed this document.

I also understand and agree that the event may subsequently use for publicity and/or promotional purposes my child's name and/or picture for promotional purposes without liability or obligation to me. I further grant permission to The Light Foundation and Darke Soil & Water Conservation District to use my photographs, videotapes, motion pictures or other record of event for any reasonable purpose.

I, on behalf of myself, or my child/ward, have read the above provision, fully understand its terms, and understand that I, on behalf of myself or my child/ward, have given up substantial rights by signing this contract, and I have signed it freely and without inducement or assurance of any nature and intend to it be a complete and unconditional release of any and all liability to the greatest extent allowed by law and agree that, if any portion of this contract is held invalid, the balance notwithstanding shall continue in full force and effect.

I HAVE READ THE ABOVE DOCUMENT

Name of Individual/Child/Children in Attendance

Address

City / State/ Zip

Phone Number

Email Address

Name of Parent/Guardian (Print)

Parent/Guardian Signature

Date

PLEASE COMPLETE THE ENTIRE FORM
THANK YOU!