# **Round Lake Christian Camp**

## 2025 Women's Retreat September 6th Cost: \$48

<b>Dean:</b> Lynn Mason	Check-In: 9:00-9:25 am	Dismissal: 3:00 pm
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### Participant Information: ONE FORM PER PERSON PLEASE. Thank you!

Full Name	Date	Date of Birth	
Address			
City	State	Zip Code	
Phone Number ()	E-mail:		
Home Church			

Are there any food allergies or any other medical conditions we should be aware of?

# RECREATIONAL ACTIVITY RELEASE OF LIABILITY, WAIVER OF CLAIMS, EXPRESS ASSUMPTION OF RISK AND INDEMNITY AGREEMENT

To attend Round Lake Christian Assembly-Round Lake Christian Camp, a copy of this waiver must be completed by each adult registering for the event. If the individual who is being registered for the event is a minor, a copy of this waiver must be completed by a parent or legal guardian for every child. Please read the waiver in full and be certain that you understand the implications of signing.

Express Waiver of Risk(s) Associated with Recreational Activities: I, as an adult registering for this event or as the parent or legal guardian of a child registering for this event, hereby affirm and acknowledge that I fully understand the hazards and risks associated with the many outdoor and other recreational activities which I or my child may engage or participate in at Round Lake Christian Assembly-Round Lake Christian Camp. The inherent risks and hazards include but are not limited to:

1) Injuries sustained from any and all outdoor activities, such as running, jumping, hiking, swimming, biking, climbing, camping, cooking, engaging in sporting events such as basketball, volleyball and more.

2) Injuries sustained from objects that are either natural or man-made, such as rocks, cliffs, trees and campfires, or from misjudging trails or other terrain that induces slipping, falling, colliding or otherwise.

3) Injuries and illnesses from swimming, diving, scuba diving, cliff jumping, impacting the water, and/or water entering bodily orifices.

4) Injuries from hypothermia, heat stroke, dehydration, etc. from exposure to the elements, such as rain, cold, excessive heat or the weather in general.

5) Injuries or illnesses sustained from either plants or animals, such as poison ivy, poison oak, poison sumac, aggressive or biting pets, service animals, wildlife, or exposure to any plants or animals present within the camp in general.

6) Accidents, injuries or illnesses occurring in remote locations where no immediate medical attention is available.

7) If any member of your event or group is sick or may have been exposed to anyone with COVID-19 and attends an event or camp held at Round Lake, Round Lake is not responsible for the consequences thereof and waives all liability from the same.

I understand that the description of these risks is in no way complete and that all such dangers, both anticipated and unanticipated, can lead to illness, injury, permanent disability, drowning and death.

## CONTINUED ON BACK- PLEASE SIGN!!!

We are unable to accept registrations over the phone. Thank you in advance for understanding! You may, however, register online at roundlake.org.

### Release of Liability, Waiver of Claims and Indemnity Agreement:

In making it possible to participate in many of the above-described activities and more, I both agree and acknowledge that:

1) I hereby release and hold harmless with respect to any and all illness, injury, disability, death, or loss or damage to person or property—whether caused by negligence or otherwise—the following named persons or entities, herein referred to as Releasees: Round Lake Christian Assembly, Round Lake Christian Camp, and any and all other camp programs of Round Lake Christian Assembly.

2) I hereby release the Releasees, their officers, directors, managers, employees, representatives, agents, volunteers, and other vessels from any and all liability and responsibility and for any claims that I, my estate, heirs, survivors, executors, or assigns or my child's, estate, heirs, survivors, executors, or assigns may have for personal injury, property damage, or wrongful death arising from the above activities whether caused by active or passive negligence of the Releasees or otherwise. By executing this document, I agree to hold the Releasees harmless and indemnify them in conjunction with regard to any illness, injury, disability, death, or loss or damage to my or my child's personal property that can ensue from engagement in the full body of activities as stated above and otherwise.

3) I grant Round Lake Christian Camp and persons acting through them, the rights to use, reproduce, assign, and/or distribute photographs, films, videotapes, and sound recordings of myself or my child for use in materials they may create. 4) By entering into this agreement, I am not relying on any oral or written representation or statements made by the Releasees other than that set forth in this agreement.

This release shall be binding to the fullest extent permitted by law. If any provision of this release is found to be unenforceable, the remaining terms shall still be enforceable.

BY SIGNING, I ACKNOWLEDGE THAT I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, AND NOT ONLY DO I FULLY UNDERSTAND ITS TERMS BUT I UNDERSTAND THAT I HEREBY RELEASE ALL LIABILITY AND THEREIN RELINQUISH LEGAL RIGHTS BY SIGNING IT. I ALSO SIGN IT FREELY AND VOLUNTARILY UNDER MY OWN FREE WILL WITHOUT ANY INDUCEMENT, COERCION OR OTHERWISE.

## Signature\_\_\_\_\_

Print Name \_\_\_\_\_ Date \_\_\_ / /\_\_\_\_

### **Registration Fees**

Friday Night Accommodations: Add \$10

No food or programming (limited to 80)

Saturday Retreat \$48

Late Fee after Aug. 23: Add \$10

\*Round Lake Accepts Checks, Cash, Money Order, Visa, Master Card, American Express and Discover.

\*Full tuition is due with registration form. For refund policy, see the FAQs page at roundlake.org.

\*Make checks payable to Round Lake Christian Camp. Mail payment and registration to:

> Round Lake Christian Camp Attn: Women's Retreat 114 State Route 3 Lakeville, OH 44638

#### FOR CREDIT CARD PAYMENTS - FILL OUT REQUIRED INFORMATION BELOW

Cardholder's Name:		_ Credit Card Number:	
Expiration Month & Year:	/Verificati	on Number:	