



## WAIVER OF LIABILITY, RELEASE & ASSUMPTION OF RISK

*Confirmation Retreat  
Retreat Waiver  
October 1-3, 2021*

**OWNER:** WARREN WILLIS UNITED METHODIST CAMP AND CONFERENCE CENTER & THE FLORIDA ANNUAL CONFERENCE OF THE UNITED METHODIST CHURCH

**ACTIVITY PARTICIPANT:** \_\_\_\_\_

**TYPE OF ACTIVITY:** Events at WWUMCCC may include our Low and High Challenge Course, outdoor games, etc.... (Please see retreat schedule or contact the camp office if you have any questions concerning the nature of these activities.)

Participant (and participant's parent(s)/guardian(s), if applicable) hereby acknowledge and understand that voluntary participation in events at WWUMCCC involves the risk of injury and/or death. These risks and dangers may be caused by the negligence of the participant or the negligence of others. By participating in such activities, participant (and participant's parent(s)/guardian(s), if applicable) expressly assume all the risk, consequences and liability related to this activity.

Participant (and participant's parent(s)/guardian(s) if applicable) hereby release, forever discharge and hold harmless the Warren Willis United Methodist Camp and Conference Center, Florida Annual Conference of the United Methodist Church, it's officers and directors, employees, agents and volunteers from all actions, causes of action, injuries, claims, negligence, costs or expenses, arising out of or related to any such activities.

Participant (and participant's parent(s)/guardian(s), if applicable) understands that this is a full and complete release of all injuries and damages, which may be sustained as a result of my participation in the above noted activities.

We also hereby consent to and authorize the reproduction, publication, and use by the Owner for advertising, commercial, or any other purpose, of any photograph, picture video or likeness of myself, my child or other family members.

**Participant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent or Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(if participant is 17 years of age or younger)

**Parent or Guardian Name: (please print):** \_\_\_\_\_