



Volunteer Liability Release Form

Name: _____

Date: _____

Address: _____

Phone: _____ Cell: _____

(include both cell #'s if filling out form jointly)

I/We hereby acknowledge and understand that volunteering with Warren W. Willis United Methodist Camp and Conference Center may involve risks and dangers, to include the risk of serious bodily injury or death. These risks and dangers may be caused by the negligence of us or the negligence of others. By participating in this program, *I/we* expressly assume all the risk, consequences and liability related to these activities.

I/We hereby release, forever discharge and hold harmless the Warren W. Willis United Methodist Camp and Conference Center, Florida Annual Conference of the United Methodist Church, it's officers and directors, employees, agents and Work Camper and volunteers from all actions, causes of action, injuries, claims, negligence, costs or expenses, arising out of or related to any such activities.

I/We understand that this is a full and complete release of all injuries and damages which may be sustained as a result of being on property and all that *I/We* engage in while on property owned by the Warren W Willis Camp and Conference Center and the Florida Conference of the United Methodist Church.

Applicant Signature(s): _____ Date: _____

Witness Signature: _____ Date: _____