



Waiver Liability, Release, and Express Assumption of Risk

THIS IS A LEGALLY BINDING RELEASE, WAIVER AND INDEMNIFICATION OF LIABILITY, AND EXPRESSES ASSUMPTION OF RISK.

I, _____, fully recognize that there are dangers and risks to which I may be exposed by participating in the Camp Quinebarge summer program, associated trips or other activities throughout the course of my attendance. I assume all of the risks and responsibilities in any way arising from or associated with these activities.

I agree to release Camp Quinebarge, Carbonfund.org Foundation and all of its affiliates, divisions, committees and groups, and their respective governing boards, officers, directors, trustees, legal representatives, members, employees, agents, administrators, assigns, volunteers and contractors (collectively "Releasees"), from any and all claims, demands, suits, judgments, damages, actions, and liabilities of every name and nature whatsoever, whenever occurring, whether known or unknown, contingent or fixed, at law or in equity, that may arise in connection with the Camp Quinebarge summer program; including any injury, death, or damage to personal property (collectively "Liabilities") excepting those caused by the gross negligence of the Releasees. I agree to defend, indemnify, and hold Releasees harmless from and against any and all Liabilities except those just specified.

As the undersigned, I recognize that this means I am giving up, among other things, all rights to sue Releasees for injuries, damages or losses possibly incurred unless caused by the gross negligence of Releasees. I also understand that this Release binds my heirs, executors, administrators, legal representatives and assigns.

I have read this entire release. I fully understand that the terms herein are contractual and not a mere recital and that I have signed this Waiver voluntarily and of my own free act.

I agree to all of the above on behalf of myself, my spouse, my children, our heirs, successors, and assigns.

Name of Staff Member: _____

Signature of Staff Member: _____ Date: _____