



## HOPE ABOUNDS CANCER NETWORK

# CAMP HOPE Family Weekend Retreat August 15-18, 2024

### RELEASE OF LIABILITY WAIVER

I, \_\_\_\_\_ (Camper's Name) wish to participate at Camp Hope offered by Hope Abounds Cancer Network. As a precondition to participating in Camp Hope, I have read the following Release of Liability Waiver and agree to its terms.

**ASSUMPTION OF RISK:** I understand that participating in Camp Hope entails inherent risks of physical injury. I have been given the opportunity to ask questions concerning safety, and all such questions have been answered to my satisfaction. Having read this form, I am fully aware of the risks and hazards associated with Camp Hope, and hereby elect to voluntarily participate in Camp Hope. I voluntarily assume full responsibility for any risks of loss, property damage or personal injury, including death, that may be sustained by me as a result of participating in Camp Hope.

**LIABILITY RELEASE:** In consideration for Hope Abounds Cancer Network allowing me to participate in Camp Hope, I agree I will not sue Hope Abounds Cancer Network, Camp Volunteers, or Fort Caswell Coastal Retreat & Conference Center and I release them both from any and all liabilities, claims, demands, actions, causes of actions, costs and expenses of any nature whatsoever arising out of any loss, damage, or injury, including death, that may be sustained by me or to any property belong to me, arising from Camp Hope while at Fort Caswell Coastal Retreat & Conference Center.

**INDEMNIFICATION:** I agree to indemnify and hold harmless Hope Abounds Cancer Network, Camp Volunteers, and Fort Caswell Coastal Retreat & Conference Center from and against any loss, liability, damage or costs, including court costs and attorneys' fees, that Hope Abounds Cancer Network may incur arising from my involvement in Camp Hope.

**EMERGENCY MEDICAL TREATMENT:** I grant Hope Abounds Cancer Network permission to authorize emergency medical treatment as it deems appropriate, and agree that such action by Hope Abounds Cancer Network shall be subject to the terms of this Release of Liability Waiver. I understand and agree that Hope Abounds Cancer Network shall be subject to the terms of this Release of Liability Waiver. I understand and agree that Hope Abounds Cancer Network assumes no responsibility for any injury or damage that might arise out of or in connection with such authorized emergency medical treatment.

**INTENT:** It is my express intent that the Release of Liability Waiver shall bind the members of my family and spouse (if any), my estate, heirs, administrators, assigns, and personal representatives. I agree that this Release of Liability Waiver and any claim arising from my participation in Camp Hope shall be construed in accordance with the law of the State of North Carolina, without regard to its conflict of laws provisions. The courts in New Hanover county shall be the forum for any lawsuits arising from Camp Hope or incident to this Release of Liability Waiver. The terms of this Release of Liability Waiver shall be severable, such that if a court of competent jurisdiction holds any terms to be illegal or unenforceable, the validity of the remaining portions all not be affected thereby. In signing this Release of Liability Waiver, I acknowledge that I have read this Release of Liability Waiver form, understand it, and agree to be bound by its terms. I further acknowledge that I sign this Release of Liability Waiver voluntarily and I am at least eighteen years of age.

Name of Child Participant (Please print): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

\*Guardian signature required if 17 years of age or younger

Parent/Guardian Name

(Print): \_\_\_\_\_

Date: \_\_\_\_\_ Age: \_\_\_\_\_