



Wabanna Camp & Retreat Center | 101 Likes Road, Edgewater, MD 21037 | 410-798-0455

PARTICIPANT WAIVER FORM

Group Name: _____ Date of Activity: _____

For all groups and individuals attending an event at Camp Wabanna, we would like you to know that the Wabanna staff considers the safety of our guests our highest priority, and follows all county and state procedures in order to ensure the utmost safety of all participants. When participating in athletic, adventure, and water activities, there is always the small possibility of accidental injury. With this in mind, please read and sign our Participant Waiver Form below:

I, _____, on behalf of my child _____, give consent for my child to participate in programming at Wabanna Camp & Retreat Center. This waiver is signed as an acknowledge that Wabanna staff is not liable in the unlikely event of an accidental injury.

I hereby release and hold harmless Wabanna Bible Conference, Inc. and their officers, and employees from liability for bodily personal injury, arising as a result of medical and/or dental treatment given to participants and guests prior to their visit to Wabanna.

I give consent for the staff of Camp Wabanna to act on my child's behalf should I be unable to do so. I give consent to the camp to provide or assist in the provision of reasonable medical/dental care and treatment deemed necessary for my child's well-being for the duration of their stay at camp.

I acknowledge that Wabanna Camp & Retreat Center reserves the right to dismiss (without refund) and group or persons(s) who does not abide by its policies.

If a dispute over this agreement or any claim for damages arises, I agree to resolve the matter through a mutually acceptable arbitration process.

Signature

Date