



**WAIVER OF LIABILITY**

600 Park Springs Lake Rd, Providence, North Carolina 27315  
(336) 793-0130 office@parksprings.org  
<https://parksprings.org/>

- I agree to RELEASE, WAIVE, DISCHARGE, and COVENANT NOT TO SUE Park Springs Christian Camp and Retreat Center (hereinafter "PSCC"), any of its affiliates, subsidiaries, or parent companies and each of its owners, employees, officers, directors, and agents, or anyone else directly or indirectly connected with PSCC from any liability whatsoever arising from any injury, including death, sickness, disability, property theft, or damage to property belonging to me while on the PSCC property and participating in any activity on the campus property. The scope of this release includes, but is not limited to acts of ordinary negligence by PSCC, as well as medical treatment provided, or failed to be provided by PSCC.
- I fully understand and assume the risks and potential dangers associated with entering upon the property and participating in any activity on the property. Understanding these risks and dangers, I ASSUME FULL RESPONSIBILITY FOR ANY PROPERTY DAMAGE OR PERSONAL INJURY, INCLUDING DEATH, which may be suffered by me/my child, including by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained, or controlled by them, or because of their possible liability without fault.
- I further hereby AGREE TO INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE PSCC, any of its affiliates, subsidiaries, or parent companies and each of its owners, employees, officers, directors, and agents, or anyone else directly or indirectly connected with PSCC from any loss, liability, damage or cost, including court costs and attorney's fees, that may result for my/my child's presence on the property and participation in any activity on the property.
- I acknowledge and agree that this Agreement shall be binding upon the members of my family and spouse, if I am alive, and my heirs, assigns, and personal representative, if I am deceased, and shall be considered a RELEASE, WAIVER, DISCHARGE AND COVENANT NOT TO SUE PSCC, any of its affiliates, subsidiaries, or parent companies and each of its owners, employees, officers, directors, and agents, or anyone else directly or indirectly connected with PSCC.
- I acknowledge and agree that the laws of the State of North Carolina shall apply to this Agreement and to any matters arising out of or related to this Agreement. In the event that I file a lawsuit against PSCC or any of its affiliates, its shareholders, directors, officials, representatives, agents and employees, I agree to do so solely in the state court located in Caswell County, North Carolina.
- I represent that I am at least eighteen (18) years of age, or represented by a legal guardian who is least eighteen (18) years of age, and fully competent to enter into a binding contract.
- I acknowledge and agree that I am executing this Agreement in consideration of being permitted to enter upon PSCC property and being allowed to participate in any activity on the property and accept and agree to always act in accordance with the regulations and instructions given by PSCC.
- This Agreement shall be construed to provide a release and waiver to the maximum extent permissible under North Carolina law
- I agree, on behalf of myself and the individual(s) listed below, that I have no medical, mental, emotional, or physical conditions which could interfere with my safe participation at PSCC or else I am willing to assume -- and bear the costs of -- all risks that may be created, directly or indirectly, by any such conditions. At any time, I have the right not to participate in or to discontinue my participation in a specific activity with which I am not comfortable.
- I agree and consent for all purposes, on behalf of myself and the individual(s) listed below, to allow for the reproduction, selling, and/or use of photographs or videos of myself, and the individual(s) listed below, (with or without the use of my name), by PSCC in media, promotional materials, brochures and/or website. In giving this consent I release PSCC and its designees from liability for any violation of any personal and/or proprietary right I may have in connection therewith.
- If any provision of this Agreement or the application thereof is held invalid, the invalidity shall not affect other provisions or applications of the Agreement which can be given effect without the invalid provisions or applications.

**I REPRESENT THAT I HAVE READ THIS AGREEMENT, I FULLY UNDERSTAND THAT I HAVE WAIVED RIGHTS BY SIGNING IT, I AM UNDER NO PRESSURE OR DURESS TO SIGN, AND I SIGN THIS AGREEMENT INTENTIONALLY, VOLUNTARILY, AND OF MY OWN FREE WILL.**

<hr/> <b>PARTICIPATE PRINTED NAME</b>	<hr/> <b>LEGAL GUARDIAN PRINTED NAME</b>	<hr/> <b>WITNESS PRINTED NAME</b>
<hr/> <b>PARTICIPATE SIGNATURE</b>	<hr/> <b>LEGAL GUARDIAN SIGNATURE</b>	<hr/> <b>WITNESS SIGNATURE</b>
<hr/> <b>DATE SIGNED</b>	<hr/> <b>DATE SIGNED</b>	<hr/> <b>DATE SIGNED</b>