



**WALCAMP OUTDOOR MINISTRIES
UNDERSTANDING OF GIC RISK
& IMAGE RELEASE FORM**

Walcamp offers programs for team development and facilitator training among other similar experiential workshops. These programs may involve the participant in activities in which walking, sitting, running, lifting, swinging, carrying, climbing, and/or other physical activity may take place. While every effort will be made by Walcamp to keep the entire experience as safe as possible, the very nature of the experiential activities is such that there is a potential for possible injury.

By signing this form, you are acknowledging that you are aware and understand the risk involved in these activities. **If you have a particular medical condition that makes you more susceptible to injury, then you will inform Walcamp of any such condition requiring greater care; otherwise, Walcamp is released from any injury sustained or aggravated as a result of such condition.** If you do not understand the nature of the risk involved, you acknowledge that you can contact Walcamp and question us until you are satisfied with your level of knowledge needed to make a responsible decision.

Your signature also signifies that you acknowledge that you are participating in these activities by your own free choice and you also have the choice and the right to refuse to participate in any activity, or part of any activity, that you personally do not feel safe or comfortable with. You will agree to comply with the rules and regulations set forth by the facilitator(s) and/or other policies and procedures that may be in effect. If you have the slightest concern about your physical health while participating in these activities you must contact a medical or health professional before participating to ensure your suitability.

I acknowledge that I have read and understand the above information and that my participation is voluntary. I assume personal responsibility for my health and well being while participating in any Walcamp program.

Camper Name: _____

Camper Signature: _____ Date Signed: _____

If camper is under age 18:

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date Signed: _____

Photo/Image Release:

I, _____, hereby give Walcamp the right and permission to use and/or publish photographic, audio, and videotape materials of me while participating in Walcamp programs. **I understand that Walcamp owns the copyrights to any such photographic, audio and videographic materials.** I waive any right to inspect or approve the photographic, audio or videotape or to receive any compensation for the use of my image or other recording.

Printed Name: _____

Signature: _____ Date Signed: _____

If camper is under age 18:

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date Signed: _____