Swamp Camp Services

Swamp Camp Services, Inc.

1380 Maxeys Road, Union Point, Georgia 30669

Waiver of Liability and

Authorization for Treatment

Group Event: _____

Participant Name: _____ Minor or Adult (circle)

COVID-19 Waiver of Liability: The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. As a result, federal, state and local governments and agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people. We are doing everything we can to be compliant with all regulations and ensure safety. We have put in place preventative measures to reduce the spread of COVID-19, but we cannot guarantee that you or family members will not become infected with COVID-19. By participating in programs, services, and activities at Swamp Camp Services, Inc. aka SCS as sponsored by your organization, you agree to the following: On behalf of yourself and your children, you hereby release, covenant not to sue, discharge, and hold harmless Swamp Camp Services, Inc. aka SCS, its employees, agents, and representatives, of and from all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating to participation in the program, services, and activities. You understand and agree that this release includes any claims based on actions, omissions, or negligence of this organization, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any such program, service, or activity.

Waiver of Liability: I, signing for myself or as parent or guardian of the person named above, do hereby give my permission for myself or them to attend and participate in all activities of the planned event held at Swamp Camp Services, Inc. aka SCS, located in Penfield, Georgia. To the extent permitted by law, I agree not to hold SCS, its employees and volunteers, and all individuals associated with the program liable for any injury or harm to me or my child as a result of my or my child's participation in planned activities or while one of us is in transit to or from the program activity.

Authorization for Treatment: In the event that emergency medical or dental treatment is needed, I hereby give permission to the event directors and medical staff to seek any treatment they deem necessary (x-rays, routine tests, and necessary transportation). In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected to secure and administer treatment, order injections, anesthesia, or surgery, including hospitalization for myself or the child named above. I further acknowledge that I will be responsible for payment of all charges related to the medical or dental services provided.

Authorization for Publications: I authorize the use of our photograph for any retreat publications printed or electronic, i.e. brochure, flyer, website, etc.)

Adult Participant or Parent/Guardian of Participating Child:

Signature: _____

Print name legibly: _____ Date: _____