

## Camp Lee Release Form

The undersigned do hereby release, forever discharge and agree to hold harmless, Camp Lee/First United Methodist Church of Anniston and the United States Fish and Wildlife Service, their officers, agents, servants, and employees and any of their respective affiliates from and against any and all liabilities, claims, demands, lawsuits and expenses of any kind arising from personal injury, sickness, death or property damage of any kind whatsoever which may incurred or suffered by the undersigned and/or participant (if participant is under 18, 18 or older). The undersigned further agree to indemnify and hold Camp Lee/First United Methodist Church of Anniston and the United States Fish and Wildlife Service and any of their respective affiliates and its respective members, directors, employees, and agents (collectively, the "Indemnities), harmless from and against any and all claims, demands, actions, lawsuits, and liabilities, including attorney fees and expenses and costs sustained by Indemnities as a result of negligent, willful or intentional acts of the undersigned and/or participants (if participant is 18 or under, 18 or older).

If participant is less than 18 years of age, I (we) the parent(s) or legal guardian(s) of the participant, do hereby grant permission for our child to participate fully in the "Camp Lee Camp programs and activities", and all of its activities and hereby give permission to Camp Lee/First United Methodist Church of Anniston to take said participants to a doctor or hospital and hereby authorize medical treatment, including but not limited to emergency surgery and I (we) fully and completely assume all responsibility for all medical bills. I/We assume all risks and hazards incidental to the conduct of the activities and transportation to and from the Camp Lee. I/We do further hereby waive, release, absolve, indemnify and hold harmless, Camp Lee/First United Methodist Church of Anniston and the United States Fish and Wildlife Service and any of their respective affiliates, successors, agents, employees, members, representatives, adult sponsors, and other volunteers involved in the activities, and transportation and associated with the event from any and all claims, including claims of personal injuries to my/our child/youth or property damage. If I cannot be reached, I authorize the authorities of the program to make whatever arrangements the circumstances allow.

I (we) the parent(s) or legal guardian(s) of the participant do hereby understand that any participant with high fever, other signs of infections or with uncontrollable behavior problems will be returned to the home.

Child Name \_\_\_\_\_ (Print)

Parent Name \_\_\_\_\_ (Print)

Parent Signature \_\_\_\_\_

Parent Email \_\_\_\_\_

Date \_\_\_\_\_

## Video and Photo Release Form

I hereby grant permission for Camp Lee, the rights of my image, in video and still, and with the likelihood of my voice on recordings of either audio or accompanied with video, without notification, for the purpose of promotional use for the entity. I understand my image may be copied, edited, altered, published, or distributed and waive any right to payment, royalties, or any other form of compensation arising or related for the use of my image or recording. I also understand that this includes the distribution of my image to other entities for educational or promotional use.

Photos, videos, and audio images or recordings of me may be used for, but not limited to, the following:

- Promotional purposes
- Presentations
- News
- Media

By signing this form, I understand my image may be used in the ways described above for electronic displays and/or public settings.

The release form has no time validity however, the images of video or still and recordings of audio or video, are limited to the time of visit as attached in this document.

By signing this form, I have read and agreed to the terms of my image for the purposes stated above and give Camp Lee permission to use my image for those purposes.

Name: (printed) \_\_\_\_\_

Signature: \_\_\_\_\_

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

If under 18:

Parent/Guardian signature: \_\_\_\_\_

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