

**Walcamp Outdoor Ministries Photo and Risk Release Form**

Please complete the general information for each person attending (youth and adults). Please read the Photo release and General Liability Risk release and sign at the bottom.

Name: \_\_\_\_\_  Yes  No *Please include us on your mailing list.*  
Address \_\_\_\_\_ City, State, Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: M F  
Family Email: \_\_\_\_\_ Second Email: \_\_\_\_\_

***PHOTO RELEASE***

I hereby grant Walcamp Outdoor Ministries and the National Lutheran Outdoors Ministry Association the absolute right and permission to copy right and use, reuse, publish and republish photographic materials of me /my child to illustrate, promote and advertise Walcamp Outdoor Ministries, NLOMA, Christian Camp and Conference Association and their programs in print and on websites. Those 18 and younger must have the signature of a parent/guardian.

AGREE  DISAGREE



***RISK RELEASE***

Walcamp offers programs that may involve the participants 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 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 Walcamp Staff 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.

AGREE  DISAGREE

**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 and Signature:** \_\_\_\_\_

**Parent/Guardian Name(s):** \_\_\_\_\_

**Parent/Guardian Signature(s):** \_\_\_\_\_  
(If camper is under age 18)

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