* **Release and Waiver of Liability**
* **Volunteer**
* Important: Each camp counselor applicant 18 years and older must sign the “Release and Waiver of Liability” before becoming the applicant may become a camp counselor at Camp Salvador, Hermanas Spokane. Please read this waiver carefully, complete and sign the form below.
* PLEASE READ CAREFULLY! THIS IS A LEGAL DOCUMENT THAT AFFECTS
* YOUR LEGAL RIGHTS!
* This Release and Waiver of Liability (the “Release”) executed on this \_\_\_day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 200**\_\_,** by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, the Camp Counselor, in favor of Camp Salvador and Hermanas Spokane, a Washington State nonprofit corporation, their directors, officers, employees, and agents.
* The Camp Counselor desires to work as a Camp Counselor for Camp Salvador, Hermanas Spokane and engage in the activities related to being a Camp Counselor (the "Activities"). The Camp understands that the Activities may include various excursions, hiking trips, sporting activities, song and dances and arts and crafts, although this is not an exhaustive list.
* The Camp Counselor does hereby freely, voluntarily, and without duress executes this Release under the following terms:
* **Release and Waiver**. Camp Counselor does hereby release and forever discharge and hold harmless Camp Salvador, Hermanas Spokane, and its successors and assigns from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from Camp Counselor Activities with Camp Salvador, Hermanas Spokane.
* The Camp Counselor understands that this Release discharges Camp Salvador, Hermanas Spokane from any liability or claim that the Camp Counselor may have against Camp Salvador, Hermanas Spokane with respect to any bodily injury, personal injury, illness, death, or property damage that may result from Camp Counselor’s Activities with Camp Salvador, Hermanas Spokane, whether caused by the negligence of Camp Salvador, Hermanas Spokane, or its officers, directors, employees, or agents or otherwise. The Camp Counselor also understands that Camp Salvador, Hermanas Spokane does not assume any responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health, or disability insurance in the event of injury or illness.

I HAVE CAREFULLY READ THIS AGREEMENT, WAIVER, AND RELEASE AND FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN CAMP SALVADOR, HERMANAS SPOKANE AND ME, AND I SIGN IT OF MY OWN FREE WILL.

SIGNATURE OF CAMP COUNSELOR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PRINT CAMP COUNSELOR’S NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_