* **Release and Waiver of Liability**
* **Volunteer is a Minor Child**
* Important: Each camp counselor applicant and parent having legal custody and/or the legal guardian of the camp counselor applicant must sign the “Release and Waiver of Liability” before becoming the applicant may become a camp counselor at Camp Salvador (sponsored by 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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, a minor child (the “Camp Counselor”), and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, the parent having legal custody and/or the legal guardian of the volunteer (the “Guardian”), in favor of Camp Salvador, Hermanas Spokane, a Washington State nonprofit corporation, their directors, officers, employees, and agents.
* The Camp Counselor desires, and has the permission of the Guardian, 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 Counselor and Guardian understand 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 and Guardian hereby freely, voluntarily, and without duress executes this Release under the following terms:
* **Release and Waiver**. Camp Counselor and Guardian do 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.
* Camp Counselor and Guardian understand that this Release discharges Camp Salvador, Hermanas Spokane from any liability or claim that the Camp Counselor and Guardian 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. Camp Counselor and Guardian also understand 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 PARENT/LEGAL GUARDIAN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PRINT FIRST AND LAST NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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