

**TO BE COMPLETED BY ALL CAMP PARTICIPANTS OR GUESTS REGARDLESS OF AGE**

**Whispering Pines Baptist Camp  
Liability Release Form**

This form must be completed by all participants who take part in any activities, outings or services offered by Whispering Pines Baptist Camp. If a participant is under 19, both the participant and the participant's guardian must complete this Release. The participant and guardian, if applicable, must sign this Release in the presence of one witness. No participant will be permitted to take part in any outing or activity offered by Whispering Pines Baptist Camp unless and until this release has been completed.

\_\_\_\_\_ the participant, and his/her guardian (if applicable) understand that he/she will be taking part in our either our Ropes Course, paintball, horseback riding, swimming, canoeing, hiking trails, etc recreation, and this activity can be demanding and quite different from their everyday events. In signing this release the participant and his/her guardian (if applicable) understands the full appreciation of any risks, hazards or dangers inherent in the outdoor activity of choice which may be exposed, and do hereby agree to assume all of the risks and responsibilities surrounding participation in this outdoor activity. Therefore the participant and guardian (if applicable) do for themselves, their heirs and personal representative, agree to defend, hold harmless and indemnify, release and forever discharge Whispering Pines Baptist Camp, as well as all associates or employees of Whispering Pines Baptist including the Camp Director, Director's wife, the Mobile Baptist Association, etc against any and all claims, demands and actions or causes of action on account of or resulting from participation in this outdoor activity and which may result and cause beyond the control of, and without the fault or negligence of Whispering Pines Baptist Camp and its employees, and all associates during the period of participation as for stated.

Participant and his/ her guardian fully understand and acknowledge the risks involved in these outdoor activities (as well as all activities stated or not while on Whispering Pines Baptist Camp's property). Participant and guardian understand that Whispering Pines Baptist Camp, as well as all employees and associates, including spouses of employees, officers, directors, agents, shareholders, and servants assume and accept no liability for personal injury, loss of life, theft of or damage to personal property.

\_\_\_\_\_ and his/her guardian (if applicable), attest and verify that he/she is physically fit and has sufficiently trained for participation in and completion of this outdoor activity and that his/her physical condition has been verified by a licensed medical doctor and approved for any and all activities. And do further attest and verify that they know of no physical or mental condition from which the said participant suffers which could endanger him/her and/ or other participants engaged in this outdoor adventure.

**In witness whereof**, participant and guardian have caused this Release to be executed by their own hand on this the \_\_\_\_ Day of \_\_\_\_, 201\_\_.

\_\_\_\_\_  
*Participant's Signature*

\_\_\_\_\_  
*Witness:*

\_\_\_\_\_  
*(PRINTED NAME)*

\_\_\_\_\_  
*(PRINTED NAME)*

Name and telephone number of next of kin \_\_\_\_\_

**Co-signature of guardian if participant is under 19 years of age**

\_\_\_\_\_  
*Parent signature*

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

\_\_\_\_\_  
*Legal Guardian*