



Please print this waiver to complete it.
Then scan & upload the completed form into your CampBrain Portal
or bring a physical copy with you to camp.

**Cozad Camping Ministry, DBA Comeca Camp and Retreat Center
Waiver and Release of Liability**

ALL GUESTS AND ALL PARENTS OR GUARDIANS OF ANY GUEST WHO IS UNDER 18 THAT WISHES TO PARTICIPATE IN ANY PROGRAM OR ACTIVITY MUST COMPLETE THE FOLLOWING WAIVER AND RELEASE OF LIABILITY BEFORE HIS/HER CHILD MAY BEGIN THE PROGRAM OR ACTIVITY.

PARTICIPANT INFORMATION:	
Name:	
Address:	
Age:	<input type="radio"/> Male <input type="radio"/> Female Email:
Emergency Contact:	
Phone:	Email:

I agree for myself or for my child to participate in any Program, Event or Activity sponsored by Comeca Camp and Retreat Center both on-site and off-site. Programs include but are not limited to: competitions, hiking, zip lines, high ropes, archery, low ropes challenge course, gaga ball, waterfront, swimming and ball sports.

1. By signing this Waiver and Release of Liability (Agreement), I waive and release Cozad Camping Ministry, DBA Comeca Camp and Retreat Center, its agents, servants, employees, insurers, successors and assigns from any and all claims, demands, causes of action, damages or suits at law and equity of any kind, including but not limited to claims for personal injury (including death), losses or medical expenses that may be sustained or incurred, if any, while attending, participating or in any way related to or growing out of my presence or involvement in any activity, program, sport or physical activity occurring in or about the Comeca Camp and Retreat Center premises or at any off-site location. I hereby assume full risk, waive all claims and release and hold harmless Cozad Camping Ministry, DBA Comeca Camp and Retreat Center its instructors, staff or partners of said programs or events individually or otherwise, harmless for any and all claims for injury and damages.

2. I am fully aware and understand that Comeca Camp and Retreat Center does not have on or about the premises, an employee or contract with medical services, provisions for ordinary and/or emergency medical services.

I have read the Agreement and understand that by signing the Agreement I have consented to be bound by its terms, including the waiver/release of any legal right I may have to sue Cozad Camping Ministry, DBA Comeca Camp and Retreat Center, its owners, shareholders, directors, officers, employees, representatives, agents, and lessees from and all claims resulting from any physical injury that may occur to myself or my child while participating in any program or event sponsored by Cozad Camping Ministry, DBA Comeca Camp and Retreat Center.

Would you like to receive newsletters and updates of events and activities at Camp Comeca?

I **do not** grant permission to Comeca Camp and Retreat Center to reproduce the photographs and/or video images taken of me, or members of my family, for the purpose of publication, promotion, illustration, advertising, or trade, in any manner or in any medium.

I am signing this Agreement freely, voluntarily and competently and am at least eighteen (18) years of age. Participant Name (please print) _____
Participant's Signature _____ Date _____
Parent/Guardian Name (please print) _____
Parent/Guardian Signature _____ Date _____