



Summer Camps Release of Liability and Medical Treatment Authorization Form

I, _____, understand that _____ Forge Equipping hosted at Columbia International University (CIU) of which I or my child, plan to be a participant, involves certain risks and that regardless of the precautions taken by CIU some bodily injuries may occur. Specific risks/hazards involved in summer camps include but are not limited to the following: (1) auto accidents while traveling to and from camp activities or traveling on the camp premises; (2) dehydration; (3) physical injury sustained while participating in camp activities; and (4) medical problems such as illness, allergies, COVID-19 VIRUS.

In response to the COVID-19 virus, CIU adheres to and abides by all CDC guidelines including but not limited to increased frequency of facility/equipment cleaning and disinfecting using EPA approved cleaning protocols. CIU has enhanced camper/participant intake screening assessments and regular assessments and handwashing/disinfecting stations to prevent illness.

In consideration for receiving permission to participate in CIU/BLS summer camps, which are sponsored by Columbia International University, I hereby release, waive, discharge, and covenant not to sue, and agree to hold harmless for any and all purposes CIU and its Board of Trustees, and their officers, servants, agents, volunteers, or employees (herein referred to as "Released Party") from **ANY AND ALL LIABILITIES, CLAIMS, DEMANDS, OR INJURY, INCLUDING DEATH**, that may be sustained by me or my child while participating in such activity, or while on the premises that is owned, leased, or controlled by Released Party, including travel to and from CIU summer camp activities, including, but not limited to injuries sustained as a result of the negligence of Released Party. I understand this release does not apply to injuries caused by intentional or grossly negligent conduct.

I am fully aware that there are inherent risks involved with CIU summer camps and I/my child choose to voluntarily participate in said activity with full knowledge that said activity may be hazardous to me, my child or my property. I acknowledge there may be physically strenuous activities. I know of no medical reason why I/my child should not participate. I voluntarily assume full responsibility for any risks of loss, property damage, or personal injury, illness including death, which may be sustained by me/my child as a result of participating in said activity, including injuries sustained as a result of the negligence of Released Party. I further agree to indemnify and hold harmless the Released Party for any loss, liability, damage or costs, including court costs and attorney's fees, that may occur as a result of my participation in said activity, including injuries sustained as a result of the negligence of Released

Party. I understand this agreement to indemnify and hold harmless does not apply to injuries caused by intentional or grossly negligent conduct.

I understand that CIU or the Released Party may not maintain any insurance policy covering any circumstance arising from my participation in this activity or any event related to that participation. As such, I am aware that I should review my personal insurance coverage.

It is my express intent that this Release shall bind the members of my family and spouse if I am alive, and my heirs, assigns, and personal representatives if I am deceased, and shall be governed by the laws of the State of South Carolina.

I understand that CIU cannot be expected to control all of the risks articulated in this form but CIU/BLS may need to respond to accidents and potential emergency situations. Therefore, I hereby give my consent for any medical treatment to me/my child that may be required during my participation with the understanding that the cost of any such treatment will be my responsibility. I agree to indemnify and hold harmless CIU for any costs incurred to treat me/my child, even if a CIU has signed hospital documentation promising to pay for the treatment due to my inability to sign the documentation.

In signing this Release, I acknowledge and represent that I have read it, understand it, and sign it voluntarily as my own free act and deed. I am eighteen (18) years of age or older am otherwise competent to execute this agreement. **If the participant is younger than 18 years of age then his/her parent or legal guardian must sign where indicated below.** I consent to the information on this form being shared with the CIU summer camps Executive Director, Staff, and other employees of CIU necessary to provide services to me/my child.

Participant's Name: _____

Date of Birth: _____ Gender: ___ male ___ female

Address: _____

Participant Signature _____ Date _____

Additional signature required if participant is younger than 18 years old during registered summer camp session dates.

I am the parent or legal guardian of the CIU summer camp participant indicated above, who is under the age of 18 during the registered summer camp session dates. I agree on behalf of my child or ward to all the terms contained in this Release.

Print Parent/Legal Guardian Name _____

Parent/Legal Guardian Signature _____

Date: _____