

CAMP SPARTA

Liability and Promotional Release Form

Camper/Participant's full name: _____

Date: ____/____/____

In order to participate in all Camp Sparta activities, I, the undersigned, agree and acknowledge for myself and/or on behalf of my minor child that:

- I authorize the directors of Camp Sparta to act for me according to their best judgment in any emergency requiring medical attention.
- I know of no mental or physical problem that might affect my or my child's ability to participate in camp activities.
- I will be responsible for any medical or other charges in connection with my/his/her participation in camp.
- There is risk of injury, including a potential for permanent disability or death, resulting from participation in any program, activities, and/or from the equipment involved in participation in such activities.
- I freely assume all such risks, both known and unknown, and assume full responsibility for my family and my participation.
- At certain times of year, conditions may become favorable for the presence of various bacteria / amoeba in Florida lakes. I assume the risk of participating in all lake activities.
- I will read and understand the rules of play, including all safety related rules, and agree to fully comply with the rules and safety regulations during participation.
- I, for myself, and on behalf of my minor child, heirs, assigned personal representatives, and next of kin, hereby waive, release, and hold harmless The Master's Academy of Central Florida, Inc. dba Camp Sparta / TMA Properties Foundation, Inc. and the property owner and their officials, directors, agents and/or employees, from any/and all liability for injury, disability, death, loss or damage to personal property arising out of camp attendance, participating in camp activities and programs, or the intentional or negligent acts of others not employed by The Master's Academy of Central Florida, Inc. dba Camp Sparta / TMA Properties Foundation, Inc.
- I acknowledge, understand and agree that I have read this release of liability and assume all risk associated with participating in program activities and that I sign this release of liability voluntarily and without inducement.
- I give my permission for named camper/participant to take a full and active part in the program at Camp Sparta/
- I understand that the camper/participant's experience (audio/visual/testimonial) may be used for promotional purposes.
- The Master's Academy of Central Florida, Inc. dba Camp Sparta / TMA Properties Foundation, Inc. are not responsible for lost or stolen items.
- By signing below as Parent / Guardian, I am the lawful parent and/or guardian of the camper named above.

Camp Sparta

5055 Camp Sparta Road, Sebring, Florida 33875

info@campsparta.com

(863) 382-8696

Camp Sparta reserves the right to dismiss any guests whose conduct is detrimental to the overall good of the camp. In cases of misconduct, no refund will be made. No deduction is made for late arrival or early departure. No one shall be denied admission to the camp because of race, color, national origin, sex, handicap, or age. By submitting this form, parent(s)/guardian(s) certify photographs, video, or testimonies of campers may be used in the promotion of camp, and campers may receive mail and email from Camp Sparta.

Participant's Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____