



WAIVER AND RELEASE OF LIABILITY
675 Numidia Dr. Catawissa, Pa 17820 • (570) 799-5118
<http://springbrookcampground.com>

Please read carefully and sign!

IN CONSIDERATION OF the risk of injury that exists while participating in: _____ (hereinafter the "Activity"); and **IN CONSIDERATION OF** my desire to participate in said Activity and being given the right to participate in same.

I HEREBY, for myself, my heirs, executors, administrators, assigns, or personal representatives (hereinafter collectively, "Releasor," "I" or "me", which terms shall also include Releasor's parents or guardian if Releasor is under 18 years of age), knowingly and voluntarily enter into this **WAIVER AND RELEASE OF LIABILITY** and hereby waive any and all rights, claims or causes of action of any kind arising out of my participation in the Activity; and

I HEREBY release and forever discharge **SPRINGBROOK CAMPGROUND and STAFF MEMBERS**, located at 675 Numidia Dr, Catawissa, Pennsylvania 17820, their affiliates, managers, members, agents, attorneys, staff, volunteers, heirs, representatives, predecessors, successors and assigns (collectively "Releasees"), from any physical or psychological injury that I may suffer as a direct result of my participation in the aforementioned Activity.

I AM VOLUNTARILY PARTICIPATING IN THE AFOREMENTIONED ACTIVITY AND I AM PARTICIPATING IN THE ACTIVITY ENTIRELY AT MY OWN RISK. I AM AWARE OF THE RISKS ASSOCIATED WITH PARTICIPATING IN THIS ACTIVITY.

I FURTHER AGREE to indemnify, defend, and hold harmless the Releasees against any and all claims, suits or actions of any kind whatsoever for liability, damages, compensation or otherwise brought by me or anyone on my behalf, including attorney's fees and any related costs.

I HEREBY ACKNOWLEDGE THAT I HAVE CAREFULLY READ THIS "WAIVER AND RELEASE" AND FULLY UNDERSTAND THAT IT IS A RELEASE OF LIABILITY. I EXPRESSLY AGREE TO RELEASE AND DISCHARGE SPRINGBROOK CAMPGROUND AND ALL OF ITS AFFILIATES, MANAGERS, MEMBERS, AGENTS, ATTORNEYS, STAFF, VOLUNTEERS, HEIRS, REPRESENTATIVES, PREDECESSORS, SUCCESSORS AND ASSIGNS, FROM ANY AND ALL CLAIMS OR CAUSES OF ACTION AND I AGREE TO VOLUNTARILY GIVE UP OR WAIVE ANY RIGHT THAT I OTHERWISE HAVE TO BRING A LEGAL ACTION AGAINST SPRINGBROOK CAMPGROUND FOR PERSONAL INJURY OR PROPERTY DAMAGE.

In the event of an emergency please contact the following person(s) in the order presented:

<u>Emergency Contact</u>	<u>Contact Relationship</u>	<u>Contact Telephone</u>
_____	_____	_____

I HEREBY CERTIFY that I am the age of consent (18 years of age or older) and do hereby give my consent without reservation to the foregoing on behalf of this individual.

_____	_____	_____
Participate (print name)	Participate (Signature)	Date

I HEREBY CERTIFY the participant is under the age of consent (18 years of age), then this release must be signed by a parent or guardian, as follows:

_____	_____	_____
Parent/Guardian (print name)	Parent/Guardian (Signature)	Date