

GENERAL RELEASE OF LIABILITY, WAIVER OF CLAIMS, EXPRESS ASSUMPTION OF RISKS, AND HOLD HARMLESS AGREEMENT

1. In consideration of crossing, renting, participating in programs, using or otherwise being present in, on or upon the private property of **JOHN AND KATHRYN MCNITT**, located at **17271 Lake Vera-Purdon Road**; parcels 20, 21, and 22, also known as **CAMP WATANDA**.
2. I _____, for myself and my estate, heirs, administrators, executors, and assigns, hereby release, forever discharge and hold harmless John and Kathryn McNitt, their heirs, employees, representatives, agents, and volunteers (collectively called, the "RELEASEES") from any and all liability and responsibility whatsoever, however caused, for any all damages, claims, demands, or causes of action that I, my estate, heirs, administrators, executors, or assigns may have for any loss, illness, personal injury, death, or property damage arising out of, connected with, or in any manner pertaining to my presence in, on, or upon the property of CAMP WATANDA, including programs provided by 3rd parties, whether caused by negligence of the RELEASEES, accident, omissions or otherwise.
3. I fully understand that there are potential risks and hazards associated with CAMP WATANDA, a natural area, that include bodies of water, falling/fallen timber, ruts and holes; and local wildlife that may include rattlesnakes, bears or wildcats. Insects such as Brown Recluse Spiders, Black Widow Spiders, Yellow Jackets/Bees; and Mosquitoes known to spread WEST NILE VIRUS and Ticks known to spread LYMES DISEASE have been found in Nevada County. My presence is voluntary to be in, on, or upon the property of CAMP WATANDA and voluntarily assume all risks and responsibility for loss, property damage, illness, and personal injury, including death weather caused by negligence of the RELEASEES, accident, omissions or otherwise.
4. I further hereby agree to indemnify and hold harmless the RELEASEES from any loss, liability, damage, judgment, settlement, or costs, including court costs and attorney fees, or medical fees that they may incur due to my presence or participation in, on or upon the property of CAMP WATANDA, including programs provided by 3rd parties, weather caused by negligence of the RELEASEES, accident, omissions or otherwise.
5. I further understand that John and Kathryn McNitt do not maintain any insurance policy covering any circumstance arising from my presence in, on, or upon the property of CAMP WATANDA. As such, I am aware that I should review my personal insurance portfolio.
6. In signing this agreement, I acknowledge and represent that I have read and understand it; that I sign it voluntarily; no oral representations, statements, or inducements have been made. I am at least eighteen (18) years of age and fully competent. **I understand that I am giving up substantial rights by signing it, and voluntarily agree to be bound by it.**

*NAME(s) _____ Age(s) of minor(s) _____

*NAME(s) _____ Age(s) of minor(s) _____

*SIGNATURE _____ PHONE (____) _____

ADDRESS _____ CITY _____ ZIP _____

**(If participant is under the age of 18, please list the minor(s) and have the parent or guardian sign)*

THIS RELEASE IS VALID UNTIL WITHDRAWN

If participant is under the age of 18, I the Parent or legal Guardian consent to all conditions above, and authorize Camp Watanda or those appointed by Camp Watanda to engage in him or her at our expense any necessary medical or dental care pursuant to the provisions by the Medicine Practice Act or Dental Practice Act. Provided for in Section 25.8 of the California Civil Code.

Parent/Guardian Signature

Date

A release of liability is required for each Adult member of a family, or participant, children under 18 years in the same family may be grouped on one form.