



Christmount

222 Fern Way, Black Mountain, NC 28711
info@christmount.org • (828) 669-8977 • Fax (828) 669-6301

Camp Lakey Gap Photo Permission Form

Camper Name: _____

The staff of Camp Lakey Gap takes pictures of campers for the following reasons:

- **Safety** procedures such as a photo checklist for staff members who administer medications.
- **Memories** like a staff sideshow or camper craft activities.
- **Publications** such as brochures or the website
- **Media** such as newspaper articles, or television

Consider allowing Camp Lakey Gap to use your camper's photograph for some or all of the following reasons. Please read each choice carefully.

If you give us permission to use their picture for all reasons just check the first item below.

I give permission for my camper to be photographed or filmed at Camp Lakey Gap for the following:

- All of the following uses (*check here and you do not need to check the rest*)
- For safety purposes
- For staff to use in camp memorabilia (*photos become property of the staff who will sign privacy agreements*)
- For Camp Lakey Gap and Christmount staff to create brochures and other materials (*will be shown in public*)
- Newspapers, television stations, radio stations, and other materials to help educate the public about autism and to publicize Camp Lakey Gap

Parent's or Guardian's Signature

Date



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Week Assigned

Camp Lakey Gap Release and Indemnity Agreement and Acknowledgement of Risk

This release and indemnity agreement, and acknowledgement of risk is made and entered by and between the parent(s) or legal guardian(s) of Camper _____, Christmount Christian Assembly, Inc., and Camp Lakey Gap, a camp program of Christmount Christian Assembly, Inc. (hereafter simply as, "Camp" and/or "Christmount" respectively).

On behalf of the Camper, the parent(s)/legal guardian(s) hereby acknowledge and agree that:

Camp Lakey Gap is for Campers with autism that may have special needs;

Camp activities may involve a degree of risk of injury which cannot be eliminated and may be inherently dangerous, and the degree of risks may vary depending upon the abilities of the Camper, the activity and its location, whether on property of Christmount or elsewhere;

I/we have carefully considered the risks, including any additional or unique risks which may arise due to the special needs of my Camper, or other Campers who may attend;

Having considered the risks, I request and consent for my Camper to attend Camp Lakey Gap, and to participate and engage in all camp activities, travel and events, wherever they may be held, and to use the facilities and services of Camp Lakey Gap and Christmount, as well as other facilities utilized for activities of the Camp, and I accept any and all related risks.

Now, therefore, and in consideration of the Camper being permitted to attend Camp Lakey Gap at Christmount, and for other good and valuable consideration, the sufficiency, adequacy and receipt of which is hereby acknowledged, I hereby agree for myself and my heirs, executors, assigns, wards and the Camper in my care, to release, discharge, hold harmless and indemnify as follows:

I acknowledge, accept and assume all risks which may be involved with the Camper participating in the activities of Camp Lakey Gap, on Christmount property or elsewhere.

I release, discharge, hold harmless and agree to indemnify Camp Lakey Gap and Christmount, its governing board, agents and employees from any and all liability, claims, actions, costs and expenses which may arise from any injury or harm which the Camper may suffer, whether bodily or property, while, or as a result of, attending Camp Lakey Gap and Christmount, and participating in its activities, or using its facilities and services.

I further agree to not file suit, pursue any claim, or participate in any legal action against Camp Lakey Gap and/or Christmount, its governing board, agents and employees.

I understand and agree that by this Agreement and Release I am giving up, among other things, the right to sue Camp Lakey Gap and Christmount, its governing board, agents and employees for injuries, damages or losses that may occur. I also understand that this Agreement and Release extends to and binds my heirs, executors, administrators and assigns.

Medical Treatment and Needs: I hereby authorize Camp Lakey Gap and Christmount, and its employees and agents to render first aid and seek medical treatment and care for the Camper when in their judgment it is reasonable and necessary, and I release Camp Lakey Gap and Christmount from any and all claim(s) arising now or later from first aid or medical treatment rendered to the Camper.

Before leaving my Camper at the Camp, I have informed the Director and Camp Nurse of any special medical needs of my Camper, and have provided them with complete and accurate instructions regarding those needs, including any necessary and lawfully prescribed drugs for my Camper. I am confident and comfortable that the instructions given by me have been adequately received and understood. I hereby authorize Camp Lakey Gap and Christmount, and its employees and agents to dispense medications and attend to other special needs of my Camper, and I release Camp Lakey Gap and Christmount from any and all claim(s) arising now or later from dispensing such drugs and attending to such needs.

I have read this entire Agreement and Release, and I understand it and agree to be legally bound by it. No oral representations, statements or inducements have been made with regard to the Release and Agreement. I understand and agree that the consideration given extends to and is adequate and sufficient for all promises, conditions, releases and agreements made herein, and that this Release and Agreement covers but is not limited to liability, claims and actions caused entirely or in part by any act or failure to act by Christmount, its board, employees, or agents.

The Camper covered by this Agreement and Release is:

Name (print): _____

Address: _____

City, State, Zip _____

Phone: Home (____) _____

(The rest this page intentionally left blank. Signature page follows separately)



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Camp Lakey Gap Release and Indemnity Agreement and Acknowledgement of Risk Signature Page

By signing below, I affirm that I am a parent or legal guardian with legal care, custody and control of, _____, a Camper at Camp Lakey Gap, and that I have read and consent to each and every representation, term and condition made in this Release and Agreement.

Notice: The signature of all parents or guardians having custody and care of the Camper is required. The signature of but one is an affirmative representation of the signer that they are the only parent, guardian or custodian of the Camper, and have full and sole authority to enter this agreement and be bound by its terms and intent.

Parent or Legal Guardian:

Signature: _____

Date _____

Name (print): _____

Address: _____

City, State, Zip _____

Phone: Home (____) _____ Email Address: _____

Work (____) _____

Cell (____) _____

Parent or Legal Guardian

Signature: _____

Date _____

Name (print): _____

Address: _____

City, State, Zip _____

Phone: Home (____) _____ Email Address: _____

Work (____) _____

Cell (____) _____

Camp Lakey Gap and Christmount Christian Assembly, Inc.

By: _____

Authorized Officer or Agent