

CAMP SATURNA RELEASE FORM

Guest Information

Name: _____ Male: _____ Female: _____ Age: _____

Address: _____ City: _____

State: _____ Zip: _____ Phone: _____

Have you been to the Camp Saturna property before? Yes No

Parent/Guardian Information (if guest is under 18 years of age)

Name: _____

Cell Phone: _____ Other Phone: _____

Emergency Contact: _____ Phone: _____

Assumption of Risk and Liability Release

I hereby state that I and/or my child will be attending a group event at Camp Saturna. Camp Saturna is a rustic venue only and all programs are run by and under the direction of Northwest EcoBuilding Guild on 31 May, 1 June, and 2 June 2019. As a condition of attending or allowing my child to attend, I do hereby agree to the following:

- I understand that I or my child may be exposed to dangers both from known risks and unanticipated risks.
- Acknowledging that such risk exists.
- I hereby indemnify Camp Saturna, Saturna Environmental Corporation, Saturna Capital Corporation and all officers, owners and employees from any claims of liability or negligence for personal injury, property damage or loss while on the premises of Camp Saturna. This includes, but is not limited to, any claims arising out of conditions of the premises, usage of facilities or recreational equipment and group activities.
- I understand that Northwest EcoBuilding Guild is responsible for the safety and well-being of all guests on 31 May, 1 June, and 2 June 2019.

Permission for Emergency Medical Treatment

I fully understand that Camp Saturna staff members are not medical providers of any kind. With this in mind, I hereby authorize Camp Saturna staff members to render temporary first aid to me and/or my child in the event of an illness or injury and if deemed necessary by the Camp Saturna staff to seek medical help including but not limited to calling an ambulance. Additionally, I hereby agree to be financially responsible for all medical expenses, which may be incurred to myself and/or my child as a result of an illness or injury sustained while on the Camp Saturna premises.

Privacy Policy

It is Camp Saturna's policy that you and/or your child's information will not be shared with any third party under any circumstances; with the exception of medical personnel.

Media Release

I hereby grant permission for Camp Saturna to use photos of, quotes from, or the likeness of myself and/or my child in print or electronic media for publicity purposes for and by Camp Saturna. Any claim or right is hereby waived to any royalty fees that might be applicable for the use of such images, quotes, or likeness.

Signature of Guest

Date

Signature of Parent of Guardian (if guest is under 18 years of age)

Date