

KAMP KEOWEE LIABILITY RELEASE AND WAIVER FORM

Every participant (kamper) must have a completed and signed release form on file in order to participate in Kamp Keowee or Adventure Kamp.



Program: Kamp Keowee

Base Location: Cliffs @ Keowee Vineyards

Date: June 24-June 27, 2024

Minor's Name: _____

Name of Parent or Legal Guardian: _____

Address: _____ City, State, Zip: _____

Daytime Phone Number: (____) _____ Evening Phone Number: (____) _____

Liability Release: For good and valuable consideration, including being given the opportunity for my child to participate in the Program, the receipt and sufficiency of which are hereby acknowledged, I _____, as parent or legal guardian of _____, a minor (hereinafter "Minor"), hereby grant the permission necessary to allow Minor to participate in the above Program to be conducted by Kamp Keowee volunteers.

I acknowledge, agree and represent that I understand the nature of the Program and the Minor's experience and capabilities, and I believe that the Minor is qualified, in good health, and in proper physical condition to participate in such activities.

I fully understand that the Program involves risk and dangers of serious bodily injury, including permanent disability, paralysis and death ("Risks"). These risks and dangers may be caused by the Minor's own actions, or inactions, the actions or inactions of other participants, the condition in which the Program takes place, or the negligence of the Releasees named below. I knowingly and freely assume all such Risks, both known and unknown, even if arising from the negligence of the Releasees or others, and assume full responsibility for the participation of the Minor.

I further understand that participation in the Program includes possible exposure to and illness from infectious diseases, including but not limited to MRSA, influenza, and COVID-19, which can result in serious illness and death ("Disease Risks"). I knowingly and freely assume all such Disease Risks, both known and unknown, even if arising from the negligence of the Releasees or others, and assume full responsibility for the participation of the Minor.

I, on my own behalf and on behalf of Minor, our personal representatives, assigns, heirs, and next of kin, further agree to release and to hold harmless Kamp Keowee as well as The Cliffs Club & Hospitality Group, Inc. and any of its affiliates or subsidiaries; The Cliffs at Glassy Golf & Country Club, LLC, The Cliffs at Keowee Springs Golf & Country Club, LLC, The Cliffs at Keowee Falls Golf & Country Club, LLC, The Cliffs at Keowee Vineyards Golf & Country Club, LLC, The Cliffs at Walnut Cove Golf & Country Club, LLC, The Cliffs at Mountain Park Golf & Country Club, LLC, The Cliffs at High Carolina Golf & Country Club, LLC, The Cliffs Valley Golf & Country Club, LLC and

The Cliffs Communities, Inc. (collectively "Cliffs") and any of its affiliates or subsidiaries for the Hosting site (The Cliffs' property on whose premises the Program will occur (hereinafter the "Location")), the affiliates of Cliffs and the respective directors, officers, representatives, members, agents, employees, volunteers, organizers, sponsors, advertisers, owners or lessors of property and their respective affiliates, as well as the directors, officers, representatives, members, agents, employees, volunteers, organizers of the Program (hereinafter collectively "Releasees") from any and all liability whether caused by negligence of the Releasees or otherwise for any claim, judgment, loss, liability, cost and expenses (including, without limitations, attorney's fees and costs) arising out of or connected with the Program, including any claim arising out of or connected with any illness or injury (minimal, serious, catastrophic and / or death) that Minor may incur or sustain during the Program, all activities associated with the Program and while traveling to and from the site for the Program whether or not the Program actually occurs.

I further expressly agree to indemnify and hold harmless Releasees and Releasees' heirs, successors, assigns, executors and administrators against loss from any further claims, demands or actions that may subsequently be brought by Minor or by any other persons on the account of damages of any character resulting to Minor in any way from the foregoing activities. I further agree to reimburse and to make good to Releasees any loss, litigations expenses, attorney fees, liability, damage or costs which any Releasee may incur as a result of such claim, to the fullest extent permitted by law.

I do hereby further declare the Minor physically sound and suffering from no condition, impairment, disease, infirmity, or other illness that would prevent his or her participation in any of the activities related to the Program. I do hereby acknowledge that I have been informed of the recommendation to notify my physician as to the Minor's participation in this program. I acknowledge that he or she have either had a physical examination and been given any physician's permission to participate, or that I have decided to allow the Minor to participate in this program without the approval of my physician and do hereby assume all responsibility for the Minor's participation in this activity.

I, in my own behalf and on behalf of Minor, hereby warrant that I have read this Liability Release in its entirety, fully understand its contents, understand that I have given up substantial rights by signing it and have freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent permitted by law. I agree that if any portion of this Agreement is held to be invalid, or unenforceable for whatever reason, including a change in law, the balance, notwithstanding, shall continue in full force and effect, including inserting terms to give the stricken provision the maximum effect permissible by law.

I, in my own behalf and on behalf of Minor, am aware that this Liability Release releases Releasees from liability and contains an acknowledgement of my voluntary and knowing assumption of the risk of injury or illness. I, on my own behalf and on behalf of Minor, further acknowledge that nothing in this Liability Release constitutes a guarantee that the Program will occur. I, on my own behalf and on behalf of Minor, have signed this document voluntarily and of my own free will.

Signature of Parent or Legal Guardian

Printed Name

Relationship (Father/Mother/Guardian)

Date

Witness

MEDICAL INFORMATION AND MEDICAL RELEASE FORM

I, _____, on my own behalf, and as parent/guardian of my minor child, acknowledge and agree that such participation subjects Minor to possibility of physical illness or injury (minimal, serious, catastrophic and/ or death). In the event of such illness or injury, I authorize Kamp Keowee and or Cliffs to obtain necessary medical treatment for Minor and hereby, on my own behalf and on behalf of Minor, release and hold harmless Releasees in the exercises of the authority granted herein. I further acknowledge and understand that I will be responsible for any and all medical and related bills that may be incurred on behalf of Minor for any illness or injury that Minor may sustain during the Program and while traveling to and from the site for the Program whether or not the Program actually occurs.

I, the parent/guardian of _____, give permission for my child to receive emergency medical or surgical treatment and hospitalization if necessary. I understand that every attempt will be made to contact me, or the emergency contact person below, before taking this action. I will be financially responsible for any medical attention or related bills. I shall be liable for any medical or related bills that Kamp Keowee and or Cliffs has incurred on my Minor's behalf and in its sole discretion.

I represent that the information that follows is both accurate and complete. Any medications to which Minor is allergic or medications that Minor is currently taking are listed below. I agree that Minor shall bring medications which Minor is currently taking with him / her to the Program and that he / she shall consume the prescribed dosage for such medications. ***Any such medications must be contained in a clearly labeled prescription bottle with dosage clearly indicated. Any over the counter medications must be accompanied by dosing instructions signed by the individual signing this Release.***

PLEASE PRINT—THIS INFORMATION WILL BE PROVIDED TO HEALTHCARE PROVIDERS

General

Today's Date: _____

Minor's Full Name: _____

Address: _____ City / State / Zip Code: _____

Sex: _____ Age: _____ Date of Birth: _____ Weight: _____

Parents or Legal Guardian:

Name: _____ Relationship: _____

Phone: _____ Alternate Phone: _____

Emergency Contact:

Name: _____ Relationship: _____

Phone: _____ Alternate Phone: _____

Provider / Insurance:

Name of Health Care Provider / Doctor / Group: _____ Phone: _____

Health / Medical Insurance Company: _____ Policy Number: _____

Policyholder Name: _____ Relationship: _____

Allergies (Including Reactions): _____

Current Medications: _____

List of Chronic Illnesses / Medical Conditions / Disabilities: _____

List any special accommodations needed during the Program: _____

Date of Last Tetanus Shot: _____

Recent Immunizations, Injuries, Surgical Procedures: _____

Has the minor traveled outside of the United States within the last six months? Where, when and for how long? __

I, on my own behalf and on behalf of Minor, hereby warrant that I have read this Participant Release and Waiver Form in its entirety and fully understand its contents. I, on my own behalf and on behalf of Minor, am aware that this Form releases Releasees from liability and contains an acknowledgement of my voluntary and knowing assumption of the risk of injury or illness. I, on my own behalf and on behalf of Minor, further acknowledge that nothing in this Participant Release and Waiver Form constitutes a guarantee that the Program will occur. I, on my own behalf and on behalf of Minor, have signed this document voluntarily and of my own free will.

Signature of Parent or Legal Guardian

Printed Name

Relationship (Father/Mother/Guardian)

Date

Witness