

## CONSENT AND LIABILITY WAIVER FORM

Each participant in the Servant Event must sign and return the Consent and Liability Waiver Form to participate and attend the Servant Event. We must receive this form two weeks prior to arrival. A PARENT OR GUARDIAN OF EACH PARTICIPANT UNDER 21 YEARS OLD MUST SIGN THE FORM.

PARTICIPANTS NAME \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

E-MAIL \_\_\_\_\_

I understand that the Servant Event for which this Consent and Liability Waiver form is being given is as follows:

**Youth Servant Event “Seizing the City for Christ” at Pioneer Camp and Retreat Center, Inc. on July 25-30, 2010, which will include, but is not limited to, daily time to worship, work, play, and relax both at Pioneer and in the City of Buffalo.**

I hereby consent to participation of me (or of my child) in the above-described Servant Event. I have read the informational materials from this particular site and understand the risks involved in the planned activities. I am aware that in addition to typical servant activities such as Bible study, worship, sight-seeing, meal functions, and recreational activities, the participant will be involved in service projects that will involve additional risk, such as painting with the use of ladders, repairing buildings, roofing, and usage of power tools. I understand that I have a duty to provide primary accident and medical insurance for myself (or for my child) and I declare that I am (or my child is) covered by primary accident and medical insurance.

NOTE: Registrations also will be covered by a limited accidental death and accidental bodily injury policy that provides reimbursement up to a minimal dollar amount for medical expenses incurred as a result of purely accidental injuries sustained while at the Servant Event. This coverage is secondary to all other insurance coverage available to the participant and will make payment only if such other insurance (participant’s primary insurance policy) is not adequate to cover the medical expenses resulting from an accidental injury sustained while at the Servant Event.

I RELEASE AND FOREVER DISCHARGE, THE DEPARTMENT OF YOUTH MINISTRY ("DYM"), THE LUTHERAN CHURCH - MISSOURI SYNOD AND PIONEER CAMP AND RETREAT CENTER, INC., THEIR AGENTS AND SERVANTS, SUCCESSORS ASSIGNS, DIRECTORS, TRUSTEES, OFFICERS, EMPLOYEES, AND OTHER REPRESENTATIVES FROM ANY AND ALL DAMAGES AND CAUSES OF ACTION EITHER AT LAW OR IN EQUITY THAT I MAY HAVE AS A RESULT OF MY (OR MY CHILD'S) PARTICIPATION IN, ATTENDANCE AT, AND TRAVEL TO AND FROM THE SERVANT EVENT. FURTHERMORE, I DO HEREBY EXPRESSLY STIPULATE, AND AGREE TO INDEMNIFY AND HOLD FOREVER HARMLESS DYM, SYNOD, AND PIONEER CAMP AND RETREAT CENTER, INC., ITS AGENTS AND SERVANTS, SUCCESSORS, AND ASSIGNS, DIRECTORS TRUSTEES, OFFICERS, EMPLOYEES, AND OTHER REPRESENTATIVES AGAINST LOSS FROM ANY AND ALL PRESENT OR FUTURE CLAIMS, DEMANDS OR ACTIONS IN LAW OR IN EQUITY THAT MAY HEREAFTER BE MADE OR BROUGHT BY ME OR MY CHILD, BY ANYONE ON BEHALF OF ME OR MY CHILD, OR BY ANYONE ELSE ON THEIR OWN BEHALF FOR DAMAGES OR ANY OTHER LEGAL OR EQUITABLE REMEDY ON ACCOUNT OF ANY INJURY ILLNESS, PHYSICAL CONDITION, INCONVENIENCE OR LOSS SUSTAINED BY ME OR MY CHILD DURING THE SERVANT EVENT OR TRAVEL TO AND FROM THE SAME.

**PUBLICITY/ INFORMATION RELEASE:**

I give my permission to allow photographs or videos, written response on evaluations and verbal comments shared during the Servant Event, also name and address information (for social register **only**) to be used for public relations by the LCMS Dept. of Youth Ministry or their Representatives and Pioneer Camp and Retreat Center, Inc.

I, the undersigned, hereby acknowledge that I have read the foregoing, understand its contents, and have signed the same as my own act and deed.

**FOR PARTICIPANTS AGE 21 AND OVER:**

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

**FOR PARTICIPANTS UNDER AGE 21:**

\_\_\_\_\_  
Parent/Guardian of Servant  
Event Participant if Under 21

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness



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