



Spruce Lake Release Form

Permission, Assumption of Risk, Release

I _____ (name) agree to fully participate in the program of Franconia Mennonite Camp Assoc. Inc. (hereinafter “FMCA”) and all of the activities associated, including but not limited to: transportation by approved camp staff and vehicles for camp activities and/or medical treatment. My permission is given with the understanding that FMCA makes reasonable efforts to ensure my safety and wellbeing including staff training, CPR, health and safety training, maintenance on equipment and maintaining reasonable camper/staff ratios. However, there are inherent risks associated with participating in any camp programs which, however slight the chances of occurrence, cannot be eliminated. These risks include but are not limited to falls, collisions, burns, getting lost, equipment failure, being struck by objects, or injuries resulting from the behaviors of other participants, employees and agents of FMCA.

In consideration for FMCA’s provision of the programs I will participate in, I hereby assume the risks noted above and release and forever discharge and hold harmless FMCA, its directors, officers, employees, volunteers, agents, successors and assigns from any and all liability, claims, and demands of whatever kind of nature, either in law or in equity, which arise or may hereafter arise out of the camping and other related activities provided by FMCA or its agents, and agree that I will not institute any action at law or in equity for any bodily injury, personal injury, illness, death, or property damage.

COVID-19 Confirmation and Release

I understand that, based on what is currently known about COVID-19, the spread of the virus is thought to occur mostly from person-to-person via respiratory droplets during close contacts and that my participation with FMCA activities may involve close contact with other persons.

I understand that the following symptoms are representative of COVID-19: fever, cough, chills, chills/shaking, muscle pain, sore throat, headache, loss of taste/smell/ shortness of breath; and confirm that I and those who live with me, have not displayed or currently have any of the symptoms that are representative of COVID-19 which are outlined above, nor been exposed to a person with a confirmed or suspected case of COVID-19, nor diagnosed with COVID-19 and not yet cleared as non-contagious . _____ (Initials)

In consideration for FMCA’s provision of the programs I will participate in, I hereby assume the risks regarding COVID-19 and release and forever discharge and hold harmless

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FMCA, its directors, officers, employees, volunteers, agents, successors and assigns from all claims, liabilities, and demands that may arise out of the camping and other related activities provided by FMCA or its agents, and agree that I will not institute any action at law or in equity regarding COVID-19.

I agree that this Authorization shall be apply to activities related to my registration with FMCA and any additional activities that I may participate in for this calendar year.

My signature below indicates that I have read the above Authorization. I understand it and agree to be bound by its terms.

Signature: _____

Date: ____/____/____