**WAIVER AND RELEASE OF LIABILITY**

**FOR \_\_\_\_\_\_\_\_\_\_\_\_\_CHAPTER OF THE NATIONAL HEMOPHILIA FOUNDATION - 2022 CAMP/RETREAT**

**DISCLAIMER: The NATIONAL HEMOPHILIA FOUNDATION is NOT RESPONSIBLE** for any injury or loss of property to any person suffered while warming up, practicing, traveling, playing, or participating in \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Camp Weekend activities for any reason whatsoever, including ordinary negligence.

This WAIVER and RELEASE OF LIABILITY was executed this \_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_ 2\_\_\_\_\_, by\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, (Guardian) as Guardian of (referred to in this document as Minor) in favor of

the National Hemophilia Foundation (NHF), the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Chapter of the National Hemophilia Foundation, its Officers, Employees, and, Staff.

In consideration for the Minor’s participation in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Chapter of the National Hemophilia Foundation’s Camp Activities, Releasor hereby RELEASES and covenants not‐to‐sue NHF for any and all present and future claims resulting from ordinary negligence on the part of NHF for property damage, personal injury, or wrongful death arising as a result of engaging in, using Camp facilities and equipment. Releasor hereby voluntarily waives any and all claims or actions resulting from ordinary negligence, both present and future, that may be made by Releasor’s family, estate, personal representative, heirs, or assigns.

Further, Releasor realizes that participation in the\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Chapter of the National Hemophilia Foundation’s Camp weekend involves certain risks and danger and is a vigorous activity involving severe respiratory and cardiovascular stress. Releasor has hereby been made aware that participation in NHF’s Camp activities has the following non‐exclusive list of certain risks which I accept: death; head, eye, neck, and spinal injury resulting in complete or partial paralysis; brain damage; heart attack; blisters; cuts; lacerations; abrasions; concussions; contusions; strains; sprains; dislocations; fractures; cold and heat injuries; water immersion; drowning; lightning strikes; injury to bones, joints, muscles, internal organs; and environmental conditions. In addition, I understand and accept the incidental risks of travel to and from the site of activity; participation at sites that may be remote from available medical assistance; and the possible reckless conduct of other participants.

Please circle which activities your child is allowed to participate in:

Hiking ZipLine Archery

Bike Riding Trust Ropes Course Rock Climbing

Canoeing Swimming Baseball

Bonfire Water Slide Football

Horseback Riding Rafting

In the event of a medical emergency, the National Hemophilia Foundation or its representatives have my permission to take whatever measures they deem reasonable to render assistance. NHF has purchased accident insurance coverage for all participants to cover medical expenses, up to policy limits. I understand that I and/or my family will be financially responsible for any expense beyond insurance limits involved.

**WAIVER AND RELEASE OF LIABILITY FOR COMMUNICABLE DISEASE**

**The National Hemophilia Foundation’s “NHF” \_\_\_\_\_\_\_\_\_\_\_\_ Chapter has taken preventative measures to reduce the spread of communicable disease including, but not limited to COVID-19 (“Communicable Disease”) at its Camp/Retreat (the “Event”). However, I acknowledge that NHF cannot guarantee that I will not be exposed to or contract a Communicable Disease at the Event. Further, due to the nature of the facilities, services and programs offered at this Event, I understand that attending the Event could increase my risk of contracting a Communicable Disease.**

**I agree to abide by all applicable COVID-19-related requirements, advisories, policies, procedures, and protocols of the venue and NHF, as well as the CDC, the State of \_\_\_\_\_\_\_\_\_\_\_\_\_, and any other governmental authority for the duration of my participation in the event.**

**I understand the risk that I may be exposed to or infected by a Communicable Disease by attending the Event and that such exposure or infection may result in quarantine requirements, serious illness, permanent disability and/or death. I further understand that the risk of becoming exposed to or infected by a Communicable Disease at the Event may result from the actions, omissions or negligence of myself and others, including, but not limited to, NHF, its officers, employees, contractors, agents, representatives, sponsors, other participants, and any owners and lessors of premises used to conduct the Event (“Releasees”). I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, BOTH KNOWN AND UNKNOWN, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES and assume full responsibility for my participation in the Event.**

**In consideration of being allowed to participate in the Event, I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, acknowledge and agree as follows:**

**I HEREBY RELEASE, COVENANT NOT TO SUE, DISCHARGE AND HOLD HARMLESS the Releasees, with respect to any and all liabilities, claims, penalties, suits, demands, judgments, costs, interests and expenses (including attorneys’ fees and costs) arising from or relating to the illness, disability or death of myself (or any person who may contract a Communicable Disease, directly or indirectly, from me), as a direct or indirect result, in whole or in part, of a Communicable Disease, to the fullest extent permitted by law.**

**THIS WAIVER AND RELEASE OF LIABILITY INCLUDES ANY CLAIMS BASED ON THE ACTIONS, OMISSIONS OR NEGLIGENCE OF THE RELEASEES, WHETHER AN INFECTION OCCURS BEFORE, DURING, OR AFTER PARTICIPATION IN THE EVENT.**

I have read and understand that this WAIVER is intended to be as broad and inclusive as permitted by the laws of

the State of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and agree that if any part is held invalid, the remaining parts of this WAIVER AND RELEASE will continue in full force and effect as intended.

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GUARDIAN (Signed) (Printed) Date

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Minor’s Name Minor’s Date of Birth