

I (We), the parent(s) or legal Guardian(s) of _____, **KNOWINGLY AND FREELY ASSUME ALL RESPONSIBILITY AND RISKS**, both known and unknown, in the case of **ACCIDENTAL INJURY, DISABILITY, OR DEATH**, or the loss or damage to persons or property, **WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE**, except that which is the result of gross negligence and/or wanton misconduct, while my (our) child is attending Horizon 5-Day Camp. I (We) hereby **RELEASE AND HOLD HARMLESS** Horizon Church, PCA, and staff or volunteers responsible in any manner for injury. **I HAVE READ THIS RISK RELEASE WAIVER, FULLY UNDERSTANDING ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.**

I (We) further understand and acknowledge that pictures and/or videos of our child(ren) may be taken while attending Horizon 5-Day Camp for the sole purpose of potentially utilizing any such pictures or videos in media (i.e. – slide shows, brochures, advertisements, etc.) for Horizon Church’s future 5-Day Camp. I (We) **KNOWINGLY, VOLUNTARILY AND FREELY CONSENT** to Horizon Church, its staff or volunteers to take and/or utilize pictures and/or videos of our child(ren) as described herein.

Parent (or Guardian) Signature _____ Date _____

Parent (or Guardian) Signature _____ Date _____

Parental Compliance Agreement

I (We) agree that the curriculum guide and other proprietary educational materials published and produced by Horizon Kidz Ministry for my (our) child's program are for personal use only and should always be used under the guidance of a staff member of Horizon, a volunteer of Horizon, or you the parent. I (We) agree to never share, redistribute, create copies of, or re-sell these materials to third parties.

Parent (or Guardian) Signature _____ Date _____

Parent (or Guardian) Signature _____ Date _____

By signing this agreement, I acknowledge the contagious nature of COVID-19 and additionally voluntarily assume the risk that my child(ren) may be exposed to or infected by COVID-19 by attending Horizon 5-Day Camp and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at Horizon 5-Day Camp may result from actions, omissions, or negligence of myself and others, including, but not limited to, Horizon Church volunteers and staff. **I HEREBY VOLUNTARILY AGREE TO ASSUME ALL OF THE FOREGOING RISKS AND ACCEPT SOLE RESPONSIBILITY FOR ANY DAMAGE OR LOSS TO MY CHILD(REN) OR TO MYSELF WITH RESPECT TO ANY INJURY (INCLUDING, BUT NOT LIMITED TO, ANY PERSONAL INJURY, DISABILITY OR DEATH), ILLNESS, DAMAGE, LOSS, CLAIM, LIABILITY OR EXPENSE OF ANY KIND THAT MY CHILD(REN) OR I MAY EXPERIENCE OR INCUR IN CONNECTION WITH THE PARTICIPANT’S ATTENDANCE AT OR THROUGH HORIZON CHURCH OR PARTICIPATION IN HORIZON 5-DAY CAMP (“CLAIMS”).** On my behalf, and on behalf of the participant, I hereby release, covenant not to sue, discharge, and hold harmless the Horizon 5-Day Camp, its employees, agents and representatives of, and from, the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of and related thereto. I understand and hereby agree that this release includes any Claims based on actions, omissions, or negligence of the Horizon 5-Day Camp, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any Horizon 5-Day Camp.

Parent (or Guardian) Signature _____ Date _____

Parent (or Guardian) Signature _____ Date _____