

APPLICANTS PARTICIPATION WAIVER

- As the family/party representative registering for this program I will insure that I and my family members/party members understand that:
 - Friends of Camp Anokijig (FOCA) and Camp Anokijig do not cover guests health and medical expenses. Healthcare expenses are the responsibility of each camper/guest and his/her insurance carrier.
- By participating in camp programs, permission is granted for FOCA and Camp Anokijig to use photos, videos, voice recordings, and images taken of guests for purposes which the FOCA and Camp Anokijig may deem appropriate.
- FOCA, its officers, directors, agents, board members, and employees, and Camp Anokijig, its directors, employees, members, staff, and volunteers are not responsible for lost, damaged, or stolen articles.
- State Codes require Anokijig to maintain a guest list with addresses and contact information. Names, address, phone, & e-mail of all guests will be provided at the time of arrival or earlier.
- Behavioral Supervision of minors is the sole responsibility of parents/party leaders.
- Family/party will be responsible to reimburse Camp Anokijig for any damages (losses) or alterations, malicious or otherwise, caused by the party's members or their guests and also understands that material and/or labor will be figured at current market "full replacement costs".
- I and the members of my family/party will be required to abide by all of the "Camp Anokijig Regulations & Safety Rules" (copies of policy available upon request).
- By participating in this program it will be assumed that I and my family members/party members waive any claims against, indem-nify, and hold harmless FOCA, its officers, directors, agents, board members, and employees, Camp Anokijig, its directors, em-ployees, members, staff and volunteers for injuries, damages, or losses that may result from occurrences on the property of Camp Anokijig, as well as the conduct of other persons including participants in the Camp Anokijig programs, FOCA, Camp Anokijig, its board members, directors, officers, agents, employees, staff, and volunteers.

APPLICANTS SIGNATURE: _____

PRINTED NAME _____

DATE _____