



# Woodland Camp Individual Release of Liability

I, the undersigned, grant permission for the below named person to participate in all the recreational activities for the week of **July 24-28** at Woodland Christian Camp. I understand some recreational activities involve a certain degree of risk that could result in injury or death. I have carefully considered the risk involved and agree to release Woodland Christian Camp, their employees and associates from any and all liability which could result from participating in these recreational activities.

Date: \_\_\_\_\_ Applicant's Name: \_\_\_\_\_

Applicant's Address: \_\_\_\_\_

City, State and Zip: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Church or Group: \_\_\_\_\_

Parent or Guardian's Signature (if under 18 years old): \_\_\_\_\_



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