## RELEASE OF LIABILITY FORM (FAMILY FORM)

PINE VALLEY BIBLE CAMP AND CONFERENCE CENTER hereinafter referred to as "PVBCC" requires a signature for all attendees of the Camp. Furthermore this form releases PVBCC to photograph and/or use photographs of attendees for use in its publications, advertising, promotional purposes, internet, and/or visual presentations which inform people of the services and activities of PVBCC. The signature provided confirms Agreement to Attend, Participate, Assumption of Risk, and Release Form in order to attend PVBCC and to participate in any PVBCC activity.

		s)		
&		nding PVBCC, I acknowledge, apprec	Age	
IN CO	<b>ONSIDERATION</b> of atte	nding PVBCC, I acknowledge, apprec	ciate, and agree that:	
1.	games, paint ball, ropes courselated sports and activities.	se, giant swing, night games, frisbee golf, wa I realize that unanticipated and unexpected agree to accept any and all risks of injury, of	d to basketball, swimming, strenuous competition dking, hiking, volleyball, and other Summer/Winter dangers may arise during and associated with the death or damages of any nature resulting directly or	
2.	understand the rules of play	understand that attendance at PVBCC and participation in any PVBCC activities can be physically and mentally intense. Inderstand the rules of play and will comply with all rules and regulations. If I observe any unusual or unnecessary hazard luring my participation, I will bring such to the attention of the nearest official as soon as practical; and,		
3.	I, for myself and on behalf of my heirs, assigns, personal representative and next of kin, HEREBY RELEASE AND HOLD HARMLESS PINE VALLEY BIBLE CONFERENCE CENTER, their officers, officials, agents and/or employees("releases"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss of damage to person or property, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEE OR OTHERWISE, except that which is the result of gross negligence and/or wonton misconduct.			
4.	I understand and agree that this Release of Liability Agreement covers attendance and each and every activity and event in which I participate hereafter.			
			SUMPTION OF RISK AGREEMENT,	
FULL	LY UNDERSTAND ITS	TERMS, UNDERSTAND THAT	I HAVE GIVEN UP SUBSTANTIAL	
	ITS BY SIGNING IT, ICEMENT.	AND SIGN II FREELY AND	VOLUNTARIALY WITHOUT ANY	
Y			Date Signed//	
Pa	articipants Signature		Date Signed//	
X			Date Signed / /	
Pa	articipants Signature			
Address		City, State, Zip Code		
Phone	Number ()	Email		
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