

Camp Shining Stars

"Where Winners Lose!"

PARENT RELEASE FORM

I UNDERSTAND AND AGREE THAT A CHILD ATTENDING A SLEEPAWAY CAMP IS EXPOSED TO DANGERS, BOTH FROM KNOWN AND UNKNOWN RISKS. AS A CONDITION TO ALLOWING THE CAMPER NAMED ABOVE TO ATTEND CAMP SHINING STARS AND RECEIVE THE BENEFITS ANTICIPATED FROM THIS CAMP EXPERIENCE, I, ON BEHALF OF MYSELF AND THE ABOVE-REFERENCED CHILD, HEREBY FOREVER RELEASE, DISCHARGE AND HOLD HARMLESS HEALTHY CHILDREN FOUNDATION DBA CAMP SHINING STARS, BARTON COLLEGE, EAST CAROLINA UNIVERSITY AND ITS DIRECTORS, OFFICERS, ADVISORY BOARD MEMBERS, AGENTS, ASSIGNS, AND EMPLOYEES OF AND FROM ANY AND ALL ACTIONS, CAUSES OF ACTION, AND LIABILITY FOR DEATH, PERSONAL INJURY OR DAMAGE OR THEFT TO ANY PERSONAL PROPERTY IN CONNECTION WITH SAID CHILD'S ATTENDANCE AT AND PARTICIPATION IN CAMP SHINING STARS, INCLUDING BUT NOT LIMITED TO ANY FIELD TRIPS OR OTHER PROGRAMS OR ACTIVITIES ENGAGED IN WHILE ATTENDING CAMP SHINING STARS. SPECIFICALLY INCLUDED IN THIS RELEASE ARE ANY AND ALL CLAIMS RELATED TO CONDITION OF ANY PREMISES AT WHICH CAMP SHINING STARS OR ANY CAMP-RELATED ACTIVITY OR PROGRAM IS OPERATED OR UTILIZED, THE CONDITION OF ANY EQUIPMENT UTILIZED BY CAMP SHINING STARS IN CARRYING OUT ANY SUCH PROGRAM OR ACTIVITY, THE CONDUCT OF ANY PERSON IN CONNECTION WITH THE PREPARATION FOR, SUPERVISION OF, OR CONDUCT OF ANY PROGRAM OR ACTIVITY, WHETHER PLANNED OR UNPLANNED, AND THE FAILURE OF ANY SHAREHOLDER, DIRECTOR, OFFICER, EMPLOYEE, ADVISORY BOARD MEMBER, OR AGENT OF CAMP SHINING STARS, TO USE CUSTOMARY OR REASONABLE CARE IN ADMINISTERING CAMP GOLDEN TREASURE, SETTING UP CAMP PROGRAMS OR ACTIVITIES, OR SUPERVISING THE CHILD NAMED ABOVE OR ANY OTHER CHILD OR OTHER PERSONS.

PARENT OR GUARIAN SIGNATURE

DATE