



3845 Perkins Road
Thompson's Station, TN 37179
Contact@DeerRun.camp
615.794.2918

Updated 12/2020

GROUP LEADER

PROVIDE A LEGIBLE COPY OR EMAIL A PDF TO EACH PARTICIPANT IN YOUR GROUP.

Forms will be collected by the greeter upon arrival.
Please be sure completed forms are in alphabetical order by last name.

WAIVER OF LIABILITY NOTICE

Read carefully before signing; you give up certain rights by signing this document.

Name of Participant or Camper—PLEASE PRINT LEGIBLY

attending on _____, 20_____
Date of Retreat, Event or Camp

with _____
Group or Church Name if Applicable

FOR GUEST & STAFF SAFETY

Please answer the following.

1. Have you been in CLOSE CONTACT with a confirmed case of COVID-19 in the last 14 days?
 YES NO
2. Have you had a FEVER in the last 48 hours?
 YES NO
3. Have you experienced ANY COVID-19 symptoms in the last 48 hours?
 - cough, shortness of breath, or sore throat?
 YES NO
 - loss of taste or smell? YES NO
 - vomiting or diarrhea? YES NO

I understand that by signing this document I accept and assume responsibility for any and all risks, whether or not specifically itemized herein, to include travel to and from activities and facilities, and I acknowledge that Deer Run, its employees, associates, corporate officers, board members, property owners, family of the same and any organization that Deer Run represents or contracts with shall be held harmless and blameless in the event of any mishap. I understand that retreat and recreation activities which are a part of camps or retreats at Deer Run may involve some risk of injury or death from various hazards, both obvious and obscure, including but not limited to, injury by acts of other group participants, falling, being struck by falling objects, equipment failure, and other risks or occurrences not set forth in this agreement. I am prepared and aware of the possibilities of risks and will not look to any entity or individual nor hold them responsible for my or my child's well-being or the protection from such risks whether or not those risks are known or unknown by those organizations or individuals.

FOOD ALLERGIES OR DIETARY RESTRICTIONS: Deer Run cannot accommodate ALL allergies and dietary restrictions; and we cannot prevent, nor guarantee, a cross-contamination-free environment. Our food service team makes every effort to accommodate certain food allergies and dietary restrictions, but doing so is at the

discretion of our food service director and may require an additional fee for special food purchases. Individuals with extreme allergies are encouraged to bring their own food.

In consideration of participating in any camp or retreat and recreation activities with Deer Run, I—on my behalf and on behalf of my heirs, assigns, and representatives—do hereby irrevocably release Deer Run, its employees, associates, corporate officers, board members, property owners, family of the same and any organization that Deer Run represents or contracts with, their successors and assigns from any and all claims which involve any nature of injury or death or damage to persons or property that may occur as a result of my or my child's attendance or participation in such aforementioned activities.

PRIVACY: I understand that my information will be used solely by Deer Run to mail or email information and updates about camps and events and that my information will not be given to a third party.

PHOTOS, VIDEOS, ETC.: By signing this I give permission to Deer Run, and photographers or videographers assigned by Deer Run, to use any photos or video footage which includes myself, my child or other family members for online or promotional purposes. I also give permission to use any written quotes for promotional purposes.

A parent signature is required if the attendee is under the age of 18.

You may: 1) Sign in the presence of the group leader who will confirm witnessing your signature. Or 2) Sign in the presence of a notary who will confirm witnessing your signature.

Signature (Parent or Legal Guardian Signature, if a minor) *Date*

Printed Name _____

Address _____

City _____

State _____ Zip _____ Phone _____

Email _____

By signing below, I _____, I confirm that

Printed Group Leader Name

I witnessed the above signature of the attendee's parent or guardian.

Group Leader Signature *Date*

NOTARY REQUIRED IF ATTENDEE IS UNDER THE AGE OF 18.

Sworn to and subscribed before me,

_____,
on this the _____ day of _____, 20____.

Notary Public Signature & Date Commission Expires