



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

FAMILY WAIVER OF LIABILITY NOTICE

Read carefully before signing; you give up certain rights by signing this document. PRINT ALL INFO LEGIBLY.

I, _____
PRINT FIRST & LAST NAME of Parent or Guardian

of _____
Address

City, State, Zip

attending on _____, 20 _____
Date of Event or Retreat

Email _____

Cell Phone _____ Alternate Phone _____

I understand that all recreational and adventure activities which are part of a family event or retreat 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.

By signing this document I accept and assume responsibility for each person listed on this form for any and all such risks — whether or not specifically itemized herein, 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 such an aforementioned mishap. I know and am prepared for the aforementioned risks and will not look to any entity or individual nor hold them responsible for the well-being or the protection from such risks of anyone named on this form, whether or not those risks are known or unknown by those organizations or individuals.

In consideration of participating in any and all 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 attendance or participation in such aforementioned activities by anyone listed on this form.

PRIVACY: I understand that my information will be used solely by Deer Run to mail or email information about summer camps or 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 or other family members listed on this form for online or promotional purposes. I also give permission to use any written testimonies for promotional purposes.

GUEST & STAFF SAFETY: Please answer the following.

1. Have you or anyone in your group been in CLOSE CONTACT with a confirmed case of COVID-19 in the last 14 days? YES NO
2. Have you or anyone in your group had a FEVER in the last 48 hours? YES NO
3. Have you or anyone in your group 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

SIGNATURE of Parent or Guardian (FIRST & LAST NAME)

LIST FAMILY & FRIENDS AGE 18 OR OLDER.

Print ADULT Attendee: FIRST & LAST NAME

Print ADULT Attendee: FIRST & LAST NAME

LIST FAMILY & FRIENDS UNDER THE AGE OF 18 and who the signed person is taking full responsibility for.

Print Child Attendee: FIRST & LAST NAME and AGE

Print Child Attendee: FIRST & LAST NAME and AGE

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