

**VISTA CHRISTIAN RETREAT - CAMP VISTA**  
N3398 Chapel Heights Rd, Campbellsport, WI 53010  
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www.campvista.org campvista@nconnect.net

# RELEASE FORM



*This form is for the records of event organizers and Camp Vista only*

**Medical/liability release:** Undersigned (herein after referred to as I) hereby certifies that the below named enrollee(s) is in good health and free from any communicable diseases. In case of medical emergency (taking place during the course of the event) I hereby give permission to representatives of Vista Christian Retreat (herein after referred to as Camp Vista) and/or organizers of the event to secure treatment for enrollee(s). I understand Camp Vista does not provide medical insurance or reimbursement for medical fees, and that my medical insurance or I am responsible for any and all such fees related to the medical treatment. I acknowledge that some of the activities, e.g. skiing, tubing, sledding, rafting, canoeing, swimming, skiing, horseback riding, tobogganing, hiking, biking, archery, air guns using, rock wall climbing and others, may entail known and unanticipated risks which could result in paralysis, death, physical or emotional injury to enrollee(s) or to related third parties. I understand that such certain risk cannot be eliminated without jeopardizing the essential qualities of the activity. I agree and promise to accept all risks existing in activities and I elect to participate in the activities despite the risks - whether such risks are foreseen or unforeseen. I also understand, that Camp Vista is not responsible for any consequences of misadventure/accidents of any means of transportation involved in the event. I, and on behalf of above named enrollee(s), our respective heirs, successors and personal representatives waive any and all claims against Camp Vista and I hereby release and agree not to sue: Camp Vista, its directors, group leaders, volunteers, any employees, any other The Vista representatives and /or event organizers from any and all liability for injury, death, loss or damage of personal property, or any other losses related to participating in the event. This registration provides Camp Vista and organizers of the event an authorization to use photos and videos below named enrollee(s) for promotional purposes. We strongly recommend that all enrollees purchase any TRAVEL INSURANCE (suggested - www.travelinsured.com or similar) to protect against the risk of medical expenses, death, travel delays, trip cancellation, any damage, loss of baggage or personal belongings, etc.

First, Last name (please **PRINT**) \_\_\_\_\_ DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

**Signature** \_\_\_\_\_ (If under 18 parent/guardian signature required)

**\*\*\***

**Contact information:** tel 1: (\_\_\_\_) \_\_\_\_\_ tel 2: (\_\_\_\_) \_\_\_\_\_

**Physical condition that event organizers should be aware of:** \_\_\_\_\_  
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