



**Deerwood Daycamp  
WAIVER & RELEASE**

The undersigned acknowledge(s) that during the activities at Deerwood Daycamp he/she has requested to participate in, that certain risks and dangers may occur. These include, but are not limited to the hazards of depending on other people and engaging in various forms of nature based outdoor activities, including the forces of nature and all unforeseen risks associated with the general care of active children. The undersigned further recognizes that these risks may also include loss or damage to personal property, physical or psychological damage and / or injury not excluding fatality due to accidents which may occur, including accidents resulting from this experience or other type of outdoor activities.

I certify that my child is completely healthy (both physically and emotionally) and capable of participating in this activity. **However, I understand that it is solely my responsibility to determine whether there is any medical reason that I should not participate in this activity.** I fully understand that the physical activities may involve risk of injury. I also understand that my child's participation at Deerwood Daycamp is entirely VOLUNTARY. I enter my child(ren) into this activity and take full responsibility for my decision to let them participate or not to participate and agree they will follow all safety instructions.

The undersigned releases, indemnifies and saves harmless Deerwood Daycamp, Todd and Angela Johnson, James, Amelia, or Sam Johnson, their agents or employees from all suits, actions or claims of any character, type or description brought or made for or on account of any injuries or damages received or sustained by any person or persons or property, arising out of or participating in any activity held at any time at the residence of Todd and Angela Johnson 604 23rd AV SW, Rochester MN

**If the undersigned is a minor, the parent or guardian of such minor hereby joins in this agreement of indemnification.**

\_\_\_\_\_  
NAME OF PARTICIPANT (PLEASE PRINT)

\_\_\_\_\_  
DATE

\_\_\_\_\_  
NAME OF PARENT OR GUARDIAN (PLEASE PRINT)

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN (IF PARTICIPANT IS UNDER 18)

\_\_\_\_\_  
DATE