

**BETHESDA CATHEDRAL APOSTOLIC FAITH, INC.  
WAIVER AND RELEASE OF ALL CLAIMS**



Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone \_\_\_\_\_ Work \_\_\_\_\_

Emergency Contact Person \_\_\_\_\_

Contact Telephone Number \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Authorized adult or legal guardian)

I \_\_\_\_\_ as a participant of **Camp Surge** on **Monday, June 22-Friday, June 26, 2015**, recognize there are risks and physical injuries. I agree to assume full responsibility for any injuries, death, damages, or loss, which I may sustain as a result of participation in any or all activities connected with or associated with said program events, including travel.

Further, I release and hereby agree to hold blameless Bethesda Cathedral Apostolic Faith, Inc., its Executive Board, Trustee Board, and agents from any and every claim arising or which may be asserted by me or by any member of my family by reason of participating in any activities associated with this event.

This agreement officially absolves Bethesda Cathedral Apostolic Faith, Inc. of any and all liability from any accidents or injuries resulting from participation in this event.

By signing your name above, you are stating that you have read, fully understand and are in agreement with this waiver of release from liability.