

****PLEASE KEEP THIS LETTER FOR REFERENCE AND RETURN THE SCHOOL AND CAMP RELEASE FORMS TO MS. DIXON VIA EMAIL OR PRINTED BY OCTOBER 19 ****

VISITATION SCHOOL OVERNIGHT RETREAT PERMISSION AND RELEASE FORM

I. STUDENT INFORMATION

Full Name: _____
First Middle Last

Address: _____
Street Address

_____ Date of birth: _____
City State Zip

Students must carry their up-to-date emergency medications (EpiPen, inhaler, etc.) and doctor's orders or action plan. Please state any of your child's medical or physical conditions (including prescription medications she will be using while on the retreat) which will help ensure her safety. Please note any dietary restrictions.

II. PARENTAL RELEASE, ASSUMPTION OF RISK AND INDEMNIFICATION AGREEMENT

As a custodial parent or legal guardian (the "parent") of _____,
(please print student's full name)

(the "child"), in consideration of my child being permitted to participate in the trip and all travel and activities associated with it (collectively referred to as the "Trip"), I hereby release, waive and forever discharge Visitation School (the "School"), its trustees, officers, employees, agents and assigns of and from any and all claims and liabilities, including but not limited to negligence claims, that may arise from my child's participation in the Trip. I will not sue or bring any such claims, on my own behalf or on behalf of my child, in connection with any death, injury, accident, illness or other damages or losses suffered by my child. This release includes but is not limited to claims for any harm suffered by my child if she was not following or obeying any rules or guidelines of the School, chaperone, or for the Trip.

I hereby agree to indemnify the School, its trustees, officers, employees, agents and assigns from and against any and all claims, suits, actions, causes of action, and liabilities, including attorneys' fees, resulting directly or indirectly from my child's participation in the Trip, including but not limited to injury of any person caused by my child or for damages to or destruction of any property caused by my child.

I have reviewed all information relating to the Trip and recognize and appreciate the risks and dangers associated with my Child's participation in the Trip, including but not limited to risks associated with travel and participating in the daily activities of the Trip. I hereby assume the risk of any and all losses and damages, including but not limited to personal injury, which my Child may incur as a result of participating in the Trip.

I recognize that general social and political conditions and circumstances may affect the Trip and are outside the School's control. I agree, with knowledge of those conditions and circumstances, to allow my child to participate in the Trip and to assume the risks that I am assuming by this agreement.

VISITATION SCHOOL
OVERNIGHT RETREAT
PERMISSION AND RELEASE

III. PARENTAL PERMISSION TO PARTICIPATE

I understand that my child's participation in this Trip is voluntary. By signing this form, I certify that my child is physically and emotionally able to fully participate in this program. I acknowledge that I have had the opportunity to ask questions and obtain whatever information I require to inform myself about the trip. I am satisfied with the adequacy and safety of the arrangements made by the School for the trip.

Name of Field Trip: 6th Grade Class Retreat

Location/Activity: Camp Victory - Zumbro Falls, MN

Transportation: Bus Cost: Included with "Tuition & Fees" billing from Business Office

Timing: 1:00 p.m., Thursday, Oct. 22 - 3:00 p.m., Friday, Oct, 23, 2026

Please Return this Authorization to/by: Ms. Dixon/Monday, October 19, 2026

As the custodial parent(s) or legal guardian(s) of _____,
(please print student's full name)

I hereby give my consent to my Child to participate in the Trip. This consent is given freely and voluntarily with full knowledge of the inherent dangers involved. I have read and understand the terms and conditions of this release and I voluntarily agree to the terms above.

Parent/Guardian's Signature Date

(If the student will be over age 18 at any time prior to or during the Trip, the student must also sign.)

I will be 18 years of age prior to or during the Trip. I am voluntarily participating in the Trip with full knowledge of the inherent dangers involved. I have read and understand the terms and conditions of this release and I voluntarily agree to the terms above.

Signature Date

Student



CAMP VICTORY MINISTRIES RELEASE OF LIABILITY, WAIVER OF CLAIMS, EXPRESS ASSUMPTION OF RISK AND INDEMNITY AGREEMENT

Please read and be certain you understand the implications of signing.

Express Assumption of Risk Associated with Activities.

I, (Full Name) _____ do hereby affirm and acknowledge that I have been fully informed of the inherent hazards and risks associated with Camp Victory Ministries' activities, including but not limited to: target archery, tomahawk throwing, slingshots, air rifles, laser tag, archery tag, pontoon boat rides, water skiing, water tubing, river tubing, swimming, canoeing, paddle boards, kayaking, black hole, mountain boarding, climbing wall, ropes course, zip line, crafts, slip-n-slide, hiking, miniature golf, dodgeball, gaga ball, four square, nine square in the air, carpet ball, volleyball, basketball, nerf taggers, disc golf, soccer, kickball, softball, ultimate frisbee, football, culinary, Lego robotics, camp craft skills, cross country skiing/tubing, and related activities, transportation of equipment related to the activities, and travelling to and from activity sites in which I am about to engage. Inherent hazards and risks include but are not limited to:

1. Risk of injury from the activity and equipment utilized, including mental or psychological distress, is significant including the potential for permanent disability and death.
2. Falling, collisions, being struck with projectiles, or other similar risks, causing broken bones, severe injuries to the head, neck and back, which may result in severe impairment or even death.
3. Changes in terrain, snow surfaces, moguls, ice, bare spots, grooming conditions, rocks, stumps, debris, fences, posts, trees, conveyer and handle tows, light poles, signs, buildings, roads, walkways, ramps, cliffs, jumps, snowmobiles, other persons, submerged logs, rapids, and other natural and man-made hazards.
4. Exposure to outdoor elements, including but not limited to inclement weather, thunder and lightning, severe and or varied wind, temperature, water conditions, and other weather conditions.
5. Risks associated with skiing, tubing, canoeing, etc. in areas that contain either natural or manmade objects, including but not limited to trees or track snow groomers, which upon striking them or exposure to water may cause serious injury or even death.
6. Possible malfunction of my own or others' skis, projectiles, watercrafts, ropes, apparatuses, and/or equipment related to the activity.
7. My own negligence and/or the negligence of others, including employees, agents, independent contractors or representatives of Camp Victory Ministries, including but not limited to operator failure.
8. Cold weather and heat related injuries and illness including but not limited to frost nip, frost bite, heat exhaustion, heat stroke, sunburn, hypothermia and dehydration.
9. Any other forces of nature of unforeseeable natural conditions.
10. Attack by or encounter with insects, reptiles, zebra mussels, and/or animals.
11. Accidents or illness occurring in remote places where there are no available medical facilities.
12. Fatigue, chill, and/or dizziness, loss of breath, which may diminish my/our reaction time and increase the risk of accident.
13. My sense of balance, physical coordination, and ability to follow instructions.

***I understand the description of these risks is not complete and that unknown or unanticipated risks may result in injury, illness, or death. Release of Liability, Waiver of Claims and Indemnity Agreement.**

In consideration for being permitted to participate in any way in activities, I hereby agree, acknowledge and appreciate that:

1. **I HEREBY RELEASE AND HOLD HARMLESS WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER CAUSED BY NEGLIGENCE OR OTHERWISE,** the following named persons or entities, herein referred to as releasees: **Camp Victory Ministries, its employees, contractors, members, officers, affiliates and other agents (collectively "releasees").**
2. To release the releasees, their officers, directors, employees, representatives, agents, and volunteers from liability and responsibility whatsoever and for any claims or causes of action that I, my estate, heirs, survivors, executors, or assigns may have for personal injury, property damage, or wrongful death arising from the above activities whether caused by active or passive negligence of the releasees or otherwise. By executing this document, I agree to hold the releasees harmless and indemnify them in conjunction with any injury, disability, death, or loss or damage to person or property that may occur as a result of engaging in the above activities.
3. By entering into this Agreement, I am not relying on any oral or written representation or statements made by the releasees, other than what is set forth in this Agreement.
4. I am not under and will not be under the influence of any chemical substance including alcohol during my participation in any activities described herein.
5. I understand and acknowledge that my participation in any activities offered or conducted by releasees is completely voluntary and I take full responsibility for my decision to participate or not to participate and agree to follow all safety instructions.
6. I hereby authorize Camp Victory Ministries to take and use, without any form of compensation, including royalties, photographs of me for use in promotional or educational materials, or any other legal purposes. I understand and agree that photographs in the possession of Camp Victory Ministries shall become its property. I hereby waive my right to inspect or approve the photographs in which my likeness appears. I hereby hold harmless, release, and forever discharge therefrom all



claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

7. I agree to indemnify, defend against, and hold harmless releasees from any claims for injuries or damages to any other participants caused by my own negligence, recklessness, or intentional conduct.
8. This release shall be binding to the fullest extent permitted by law. If any provision of this release is found to be unenforceable, the remaining terms shall be enforceable.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, AND I FULLY UNDERSTAND ITS TERMS, AND UNDERSTAND THAT I HAVE GIVEN UP LEGAL RIGHTS BY SIGNING IT, AND I SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

S/ _____
Signature of Adult Participant

Name of Adult Participant (Please Print)

Date

FOR PARTICIPANTS OF MINORITY AGE: This is to certify that I, as Parent, Guardian, Temporary Guardian with legal responsibility for this participant, do consent and agree not only to his/her release of all Releasees, but also to release and indemnify the Releasees from any and all liabilities incident to his/her involvement in these programs for myself, my heirs, assigns, and next of kin.

S/ _____
Signature of Parent or adult legal Guardian if
Participant is a Minor, and by their signature,
they on my behalf release all claims that both
they and I have.

Name of Parent or adult legal Guardian (Please Print)

Date

Minor's Full Name

Date