



KAA Retreat Consent Release Form

- I consent for the individual named herein to participate in any and all activities at KAA Camp that may include, but are not limited to, those outlined in the camp brochure.
- I consent for this individual to be photographed or videotaped during camp or event activities, and these photos/videos may be used in KAA promotional materials.
- I understand that this individual’s participation in these activities can expose him/her to dangers both from known and unanticipated risks, and that such risks may result in bodily injury to this individual.
- Acknowledging that such risks exist, I, on behalf of myself, and this individual and any other party who may have the right to assert any rights for or on behalf of this individual, do hereby forever release and discharge, indemnify and hold harmless KAA, its affiliates, officers, directors, agents, employees, insurers, successors in interest, attorneys, or any other person or persons associated with any or all of them who might be liable (the “Released Parties”) from and against any and all claims, causes of action, actions, suits, demands, losses, damages, expenses, costs or liability (collectively, “Losses”) arising from or in connection with this individual’s participation in KAA Camp and its activities, including losses arising from the negligence of any of the Released Parties, whether such Losses arise in connection with bodily injury (including death), property damage or otherwise (collectively, the “Released Claims”). The Released Claims include Losses arising out of any condition of the premises at which the camp activities are held or the conduct of any person in connection with the preparation for, supervision of, or conduct of any activity, whether planned or unplanned.
- I acknowledge that KAA does not provide medical services for any losses which may arise to this individual, and that it is the sole responsibility of the Rental Group to provide such services.
- KAA has a “zero tolerance” policy to any form of sexual, physical, verbal or emotional abuse. Any person found in violation of this policy will be removed from property immediately and reported to proper authorities. Visitors should report any suspicious behavior to the Director, Medical Personnel, or Call 800-4-A-CHILD.

Kids Across America (KAA) reserves the right to refuse enrollment to, or to dismiss a person from, the program whose mental, physical, psychological or emotional condition, at the discretion of KAA, exceeds the level of care provided, or that may be potentially detrimental to their safety, or to the safety of others. In addition, due to the fundamental nature of Kids Across America Kamps (KAA), any person with a condition including, but not limited to, those referenced in the provided Kamper/Kaleo Eligibility Restrictions (see final page of this form) cannot enroll or participate in KAA programs. Persons found at KAA having any of these conditions will be sent home within 24 hours of the first report at the group/family’s expense.

I represent and acknowledge that I have read and understand this form and the release granted above. I warrant that all statements made herein are true to the best of my knowledge. I have read and understand this entire form and by signing below agree to the terms herein.

Individual’s Name: _____ **E-mail:** _____

Individual Signature: _____

Signature of Parent or Legal Guardian (If you are under 18): _____

Group Name: _____ **Date:** _____

****This must be turned in by your Group Leader when you arrive for your Retreat. Please keep a copy for yourself and your Group Leader, and give the original to KAA upon arrival****