



## Shaker Dig Camp: LIABILITY WAIVER

### Waiver and Release of Liability

I know that digging is a potentially hazardous activity. I should not participate unless I am medically able and am properly trained. I also know that there will be hazards, debris and the possibility of poor weather and assume the risk associated with this event including, but not limited to, falls, contact with other participants, the effects of the weather, including high heat and/or humidity, extreme cold, all such risks being known and appreciated by me.

Having read this waiver and knowing these facts, I, for myself and anyone entitled to act on my behalf, waive and release the organizers, camp teachers, The Shaker Historical Society, The State of Ohio and all sponsors, their representatives and successors from all claims or liabilities of any kind arising out of my participation in this camp even though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver.

I hereby give my permission to the Shaker Historical Society to use my name and/or picture in any publication, broadcast, telecast or other account of this event without limitation or obligation of further compensation thereof.

I acknowledge that this camp may involve travel from the Shaker Historical Society. I also acknowledge that responsibility for tetanus vaccination is mine.

I certify that I have read this waiver and release and fully understand its significance.

Print name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_

Parent/Guardian Signature (under 18) \_\_\_\_\_

Please note that food may be offered to your child during this camp. Please let us know if this is not acceptable to you. Please also share your emergency contact phone number.

FOOD ALLERGIES \_\_\_\_\_

EMERGENCY PHONE \_\_\_\_\_