

Crazzy's Wasewagan on the River

Main Office Address: 1129 Camino Flores, Thousand Oaks, CA 91360 Camp Address: 42121 Seven Oaks Rd. Angelus Oaks, CA 92305 Phone: (805) 498-5572 Fax: (805)498-5578

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General Release & Hold Harmless Agreement

_ ·	ted to participate in activities organized on the prem sewagan with the group/organization,	ises of
•	roup name) during my/my child's stay	(dates)
child may incur or sustain as a respersonal injury or death. I agree employees, staff, and agents from	, agree to assume all risk of injury or do sult of my participation, including property loss, prope to indemnify and hold harmless Camp Wasewagan and n and against all claims, loss, injury, death or liability connected with my activity participation.	erty damage its
the setting, certain natural risks mentally, and emotionally fit and child will not be permitted to part	Camp Wasewagan may be physically challenging and, be and hazards may exist. I/my child is considered to be able to safely participate in activities and understand ticipate in any activities in which an authorized represticipation would pose a safety risk to myself or other	e physically, I that I/my sentative of
I understand that all activities ar	re challenge by choice and I/my child may opt to not p	oarticipate.
notification separate from this re	group has requested no photographs or I have providelease, I/my child may be photographed while participed these images may be used in promotional materials.	
Participant/Camper's Name:		
Participant or Parent/Legal Guardian's S	iignature:	
Parent or Legal Guardian's Printed Name	e (if applicable):	
Date of Signature:		

**If you have multiple participants/campers, you must fill out a separate waiver per participant/campers.