

# WITTEL FARM VOLUNTEER LIABILITY WAIVER

In consideration of the risk of injury while participating in The Wittel Farm Growing Project (the "Activity"), and as consideration for the right to participate in the Activity, I hereby, for myself, my heirs, executors, administrators, assigns, or personal representatives, knowingly and voluntarily enter into this waiver and release of liability and hereby waive any and all rights, claims or causes of action of any kind whatsoever arising out of my participation in the Activity, and do hereby release and forever discharge Lutheran Camping Corporation of Central PA, located at PO Box 459, Arendtsville, Pennsylvania 17303, their affiliates, managers, members, agents, attorneys, staff, volunteers, heirs, representatives, predecessors, successors and assigns, for any physical or psychological injury, including but not limited to illness, paralysis, death, damages, economical or emotional loss, that I may suffer as a direct result of my participation in the aforementioned Activity, including traveling to and from an event related to this Activity.

I AM VOLUNTARILY PARTICIPATING IN THE AFOREMENTIONED ACTIVITY AND I AM PARTICIPATING IN THE ACTIVITY ENTIRELY AT MY OWN RISK. (Participants under 18 must have the signed permission of a parent/guardian).

Photos, videos, audio and other images in which I appear that are taken during farm work may be used by the Lutheran Camping Corporation for news coverage, newsletters, publicity, reports, displays, and for other print, broadcast, web or electronic news or promotional purposes.

I acknowledge that Lutheran Camping Corporation of Central PA and their directors, officers, volunteers, representatives and agents are not responsible for errors, omissions, acts or failures to act of any party or entity conducting a specific event or activity on behalf of Lutheran Camping Corporation of Central PA.

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Signature: \_\_\_\_\_

Parent/Guardian Signature : \_\_\_\_\_

Activity Date: \_\_\_\_\_

Congregation: \_\_\_\_\_