

## Erskine College Acknowledgement and Release Form – Participants

I, the undersigned, acknowledge that my son/daughter **(Name)**

is voluntarily participating, with my consent, in the Never The Same Camp - NTSCAMP (the "Summer Program"), which is being sponsored and operated by **Never The Same** ("the Summer Program") and is registered with the church camp group **(Name of Church)**, and held on the campus of Erskine College in Due West, South Carolina. This program will include travel to and from Erskine College and will take place on [dates] July 19, 2026 – July 23, 2026, with staff arriving July 17, 2026.

### ASSUMPTION OF RISK AND RELEASE OF LIABILITY

In consideration of being permitted to participate in the Camp,

**(initial here)** I acknowledge that I am aware of the possible risks, dangers, and hazards associated with my son/daughter's participation in the Camp, including the possible risk of severe fatal injury to my son/daughter or others. In return for Erskine College allowing my son/daughter to voluntarily participate in the Summer Program, I agree to assume and accept all risks arising out of, associated with, or related to my son/daughter participating in the Summer Program and to be solely responsible for any injury, loss, or damage which my son/daughter might sustain while participating in the Summer Program. These risks include but are not limited to travel to and from location(s) visited during the Summer Program.

**(initial here)** I acknowledge that I am aware that the Summer Program Administrator and not Erskine College is solely responsible for the management and operation of the Summer Program.

To the maximum extent permitted by the law,

**(initial here)** I release and indemnify Erskine College and its officers, trustees, employees, volunteers, and representatives, from and against any present or future claim, loss, or liability for injury to person or property which my son/daughter may suffer, or for which my son/daughter may be liable to any other person, during my son/daughter's participation in the Summer Program.

**(initial here)** I hereby grant permission to the Summer Program Administrator and/or Erskine College or its agents and emergency responders to arrange or render medical treatment or evacuation or any other medical services deemed necessary or appropriate for my son/daughter's safety and well-being, if my son/daughter should become injured or ill during the Summer Program.

**(initial here)** I grant the Summer Program Administrator and/or Erskine College, in its sole discretion, full permission to take and use photographs and/or videos of my son/daughter, whether alone or with others, for use on web sites or other electronic form, print or media, without notifying me, in promotion of the Summer Program Administrator and/or Erskine College and its related entities. I hereby waive any right to inspect or approve the photographs or electronic matter used in promotion of the Summer Program Administrator and/or Erskine College and its related entities.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I VOLUNTARILY AGREE TO BIND MYSELF, MY HEIRS, EXECUTORS AND REPRESENTATIVES IN THE EVENT OF MY DEATH OR INCAPACITY.

<b>Parent/Guardian Signature</b>	<b>Today's Date</b>
<b>Printed Name</b>	<b>Cell Phone Number (parent/guardian)</b>
<b>Participant's Printed Name</b>	<b>Date of Birth (participant)</b>
<b>Emergency Contact/Relation</b>	<b>Phone Number (including area code)</b>