

Camp Allen Ministries, Inc.
3104 Wayne Route F, Greenville, MO 63944

***ADDENDUM TO
WAIVER AND RELEASE OF LIABILITY
FOR RENTAL GROUPS AND FAMILIES
FOR COVID-19***

This Addendum to the Waiver and Release of Liability for Rental Groups and Families participating in activities on the property of **Camp Allen Ministries, Inc.**

I understand that **Camp Allen Ministries, Inc.** makes no representations with regard to the risk of exposure to the COVID-19 virus, or coronavirus, while being on the property of, or participating in activities on the property of, **Camp Allen Ministries, Inc.** In consideration of the risk of contracting the COVID-19 virus while being present on the campus of, or participating in activities on the property of, **Camp Allen Ministries, Inc.**, and as consideration for the right to be present upon the property of **Camp Allen Ministries, Inc.**, 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 the contraction of, or the exposure to, the COVID-19 virus while being on the property of, or participating in activities of, **Camp Allen Ministries, Inc.**, and do hereby release and forever discharge **Camp Allen Ministries, Inc.**, located at **3104 Wayne Route F, Greenville, Missouri, 63944**, their affiliates, managers, members, agents, attorneys, staff, volunteers, heirs, representatives, predecessors, successors and assigns, for any injury or illness I may suffer due to contracting or being exposed to COVID-19, including, but not limited to, illness, paralysis, death, damages, economic or emotional loss.

I AM VOLUNTARILY ENTERING THE PROPERTY OF Camp Allen Ministries, Inc. ENTIRELY AT MY OWN RISK. I AM AWARE OF THE RISKS ASSOCIATED WITH COVID-19 WHILE BEING IN CLOSE CONTACT WITH OTHER PEOPLE, WHICH MAY INCLUDE, BUT ARE NOT LIMITED TO, PHYSICAL OR PSYCHOLOGICAL INJURY, PAIN, SUFFERING, ILLNESS, ECONOMIC OR EMOTIONAL LOSS, AND DEATH. NONETHELESS, I ASSUME ALL RELATED RISKS, BOTH KNOWN OR UNKNOWN TO ME, WITH MY PRESENCE ON PROPERTY AT Camp Allen Ministries, Inc.

I agree to indemnify and hold harmless **Camp Allen Ministries, Inc.** against any and all claims, suits or actions of any kind whatsoever for liability, damages, compensation or otherwise brought by me or anyone on my behalf, including attorney's fees and any related costs, if litigation arises pursuant to any claims made by me or by anyone else acting on my behalf. If **Camp Allen Ministries, Inc.** incurs any of these types of expenses, I agree to reimburse **Camp Allen Ministries, Inc.**

I acknowledge that **Camp Allen Ministries, Inc.** 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 **Camp Allen Ministries, Inc.**

I ACKNOWLEDGE THAT I HAVE CAREFULLY READ THIS "ADDENDUM TO WAIVER AND RELEASE" AND FULLY UNDERSTAND THAT IT IS A RELEASE OF LIABILITY. I EXPRESSLY AGREE TO RELEASE AND DISCHARGE Camp Allen Ministries, Inc. AND ALL OF ITS AFFILIATES, MANAGERS, MEMBERS, AGENTS, ATTORNEYS, STAFF, VOLUNTEERS, HEIRS, REPRESENTATIVES, PREDECESSORS, SUCCESSORS AND ASSIGNS, FROM ANY AND ALL CLAIMS OR CAUSES OF ACTION AND I AGREE TO VOLUNTARILY GIVE UP OR WAIVE ANY RIGHT THAT I OTHERWISE HAVE TO BRING A LEGAL ACTION AGAINST Camp Allen Ministries, Inc. FOR PERSONAL INJURY OR PROPERTY DAMAGE.

To the extent that statute or case law does not prohibit releases for negligence, this release is also for negligence on the part of Camp Allen Ministries, Inc., its agents, and employees.

In the event that I should require medical care or treatment, I agree to be financially responsible for any costs incurred as a result of such treatment. I am aware and understand that I should carry my own health insurance.

In the event that any damage to equipment or facilities occurs as a result of my or my family's willful actions, neglect or recklessness, I acknowledge and agree to be held liable for any and all costs associated with any actions of neglect or recklessness.

SIGNED: : _____

DATE SIGNED: : _____

ORGANIZATION I AM REPRESENTING: _____

MAILING ADDRESS: _____

BEST CONTACT PHONE: _____

BEST EMAIL ADDRESS: _____

START DATE/TIME FOR RENTAL PERIOD: _____

END DATE/TIME FOR RENTAL PERIOD: _____