



**WAIVER & RELEASE FORM**  
**Student/Camper Visit to Compassion**

**Student/Camper Name:** \_\_\_\_\_

**Parent/Legal Guardian Name:** \_\_\_\_\_

**Group/Camp Name:** Sky Ranch Camp

**Purpose of Visit:** Tour of Compassion Facility & Lunch

**Destination:** Compassion International, Inc.

**Destination Address:** 12290 Voyager Pkwy, Colorado Springs, CO 80921

**Date of Visit:** \_\_\_\_\_

**Mode of Transportation:** To be provided by Sky Ranch Camp

I acknowledge and agree that my student is participating in certain activities hosted by the Group named above, and that said activities include a Visit to Compassion International, Inc. ("Compassion"). I hereby consent to my student's participation in the Visit. I voluntarily release and forever discharge Compassion from any and all liability, claims, actions, or rights of action which are in any way related to my student's participation in the Visit. I agree to indemnify and hold Compassion harmless from any and all costs or damages, including attorney fees, incurred in connection with my student's participation in the Visit. I further agree not to sue, assert, or otherwise maintain any claim or cause of action against Compassion arising from my student's participation in the Visit.

All Compassion policies and procedures apply to the Visit. Violation of these policies or procedures or failure to follow directives, safety rules, etc., by my student could result in my student being asked to sit out of the Visit activities. I acknowledge and understand that my student will remain under the supervision of the Group staff, and that the Group staff will remain responsible for my student, for the duration of the Visit.

I acknowledge that Compassion is not obligated to provide on-site medical care. In case of emergency, I understand that every effort will be made to contact me or the emergency contact listed below. If I or the emergency contact cannot be reached, I hereby give Compassion permission to act on my behalf in seeking and administering medical treatment in the event that such treatment is deemed necessary or advisable for my student's health, safety, and welfare. I release Compassion from liability in acting on my behalf in this regard and rendering such medical treatment. I assume the risk and financial responsibility for any injury resulting from my student's participation in the Visit.

I AM THE PARENT OR LEGAL GUARDIAN OF THE STUDENT NAMED ABOVE. I HAVE THE LEGAL RIGHT TO CONSENT TO AND, BY SIGNING BELOW, I HEREBY DO CONSENT IN ALL RESPECTS TO THE TERMS AND CONDITIONS OF THIS WAIVER & RELEASE AND AGREE THAT BOTH MY STUDENT AND I SHALL ABIDE BY ALL OF ITS TERMS AND CONDITIONS TO THE FULLEST EXTENT ALLOWED BY LAW.

Parent or Legal Guardian Signature: \_\_\_\_\_

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

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