



LIABILITY WAIVER AND RELEASE

I, _____, am the parent or legal guardian of _____, a child under the age of 18 who will be participating in the Soaring Spirits Survivorship Camp that will take place in and around Suttle Lake from August 13-15, 2010. This waiver and release will refer to my child named above as the "Camper".

I understand that there are risks associated with camping and outdoor activities, especially physically-demanding activities and activities taking place around lakes and water. However, I want my Camper to participate fully in the camp. So, I hereby give consent for my Camper to take part in all of the following activities (please initial):

- _____ Swimming
- _____ Boating
- _____ Horseback Riding
- _____ Hiking
- _____ Campfire activities and games
- _____ All other camp activities

In providing consent, I think it is important to point out that my Camper has the following limitations or health conditions: _____

In return for allowing my Child to participate in the activities initialed above, I agree, on behalf of myself, my family, my Camper, and all other people having legal rights in this matter (each, a "Releasing Party") to waive all claims and legal demands that any Releasing Party has or may have against Cascade Healthcare Community, Inc., its affiliates, employees, volunteers, camp counselors, camp staff, or any other person or entity involved in sponsoring, supporting, operating or assisting with the camp and the activities (each, a "Released Party"). I also agree, on behalf of myself and each Releasing Party, to release each Released Party from all liability for injuries, illnesses or death suffered by my Camper during the camp or any activity, unless such injury, illness or death occurs as the result of intentional misconduct on the part of the Released Party.

Signed

Date

Relationship to Camper

Witness