CAMP SPOFFORD INDOOR AND OUTDOOR ACTIVITIES WAIVER AND PARENTAL PERMISSION AGREEMENT

(For children under age 18, must be signed by adult)

IN CONSIDERATION of my child being given the opportunity to participate in any Camp Spofford, Inc., indoor and outdoor activities, including but not limited to including but not limited to rock wall climbing, rock climbing, biking, canoeing, paintball, swimming, water skiing, kayaking, boating, whitewater rafting, camping, hiking, tennis, basketball, softball and similar activities (hereinafter "Activities") I, for my child and for myself and his/her parents, personal representatives, assigns, heirs, and next of kin ("Releasors") state and agree as follows:

I UNDERSTAND, ACKNOWLEDGE, AND HAVE BEEN FULLY INFORMED (a) that the Activities and the equipment used in or related thereto can be and are very dangerous and involve the risk of serious injury including permanent disability, paralysis, and death, and/or property damage (the "Risks"); (b) these Risks and dangers may be caused by my child's own actions, or inactions, the actions or inactions of others participating in the Activities, the conditions in which the Activities take place, or the negligence of the Releases named below; and (c) there may be other risks and social and economic losses either not known to me or not readily foreseeable at this time that may result as a direct or indirect result of the Activities; and I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES I and my child may incur directly or indirectly as a result of his/her participation in the Activities. The undersigned also expressly acknowledges that injuries received may be compounded or increased by negligent rescue operations or procedures of the Releasees.

I HEREBY RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE (a) Camp Spofford, Inc. and its trustees, administrator, directors, owners, employees, workers, volunteers, agents, officers, counselors, instructors, rescue personnel, (b) the owners and lessees of premises used to conduct the Activities, (c) the owners and lessees of equipment used in the Activities, or (d) other participants, students, or campers involved in the Activities, all of whom for the purposes herein are referenced to as "Releasees," from all liability to my child, to me, to my child's parents or next of kin, personal representatives, assigns, heirs, for any and all loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of my child arising out of or related directly or indirectly to the Activities, whether caused by the negligence of the Releasees or otherwise, including negligent rescue operations.

I FURTHER AGREE that if, despite this release and waiver of liability, assumption of risk, and indemnity agreement, I, or anyone on my or my child's behalf, makes a claim against any of the Releasees, I WILL INDEMNIFY, SAVE AND HOLD HARMLESS each of the Releasees from any litigation expenses, attorney fees, loss, liability, damage, or cost which may incur as a result of such claim, whether the claim is alleged to have been caused by the negligence of the Releasees or otherwise. Further, any claims or disputes relating to my child's participating in the Activities shall be filed, and only filed, in the Cheshire County Superior Court in the State of New Hampshire, and that New Hampshire law shall govern this agreement.

I HEREBY GRANT PERMISSION for my child to participate in the Activities, and represent that my child is qualified, in good health, in proper physical condition, and of reasonable age and maturity to participate in such Activities. I represent that I have been advised that my child must wear an approved personal flotation device at all times when on the water and affirm that he/she will not be under the influence of alcohol or controlled substance and will not carry, use or consume these substances before or during the Activities.

I HAVE READ THIS RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND HAVE SIGNED FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT, ASSURANCE OR GUARANTEE BEING MADE TO ME AND INTEND MY SIGNATURE TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY AND AN ASSUMPTION OF THE DUTY TO INDEMNIFY TO THE GREATEST EXTENT ALLOWED BY LAW.

Date:	. II E					
Parents Name (Print)	1 2 2.2		Signature	1072		1 1 2 3
Child's Name			Age	410		
Child's Signature						
Street and Apt. Address	17	D:			L	
City	State	Zip _				
Group Name (if Applicable	,					
I hereby grant Camp Spo photographs, films, video Camp Spofford, Inc. may	tapes and/or soun	sion to d recoi	use, reproduce, rdings of my chi	publish ld for us	or distr e in mat	ibute any terials the
Participant's Signature:			Date:		11 =	5)
Parent/Guardian Signature	•		Date:			