LIABILITY WAIVER (MINOR)

FOR PARTICIPANTS AT LOMT SITES/EVENTS

GROUP/EVENT_____ EVENT DATE(S) _____

My child/ren, named below on this form, has permission to take part in all camp activities, and offsite activities under proper supervision. I understand that attempts will be made to contact me if my child/ren requires emergency medical/surgical treatment, but if it is impractical to do so and/or until I can arrive at the scene, I hereby give my permission to the physician selected to secure proper treatment, to hospitalize, to order injections, anesthesia, x-ray, surgery, or any other medical procedure deemed appropriate by such physician for my child/ren as named below. I have the authority to sign this form for my child/ren for the dates listed above. I acknowledge that I am aware of the activities that will be conducted during this camp program. I further acknowledge that my child has had a physical examination performed by a medical doctor in the past 12 months and other than conditions noted on this form, my child/ren has no other conditions, physical or mental, that would limit his or her participation in any of the activities to be conducted during this camp program. I understand that as the parent or guardian of the child/ren named on this form, I am in the best position to know the health and limitations of my child/ren, and that the camp and its personnel will be relying on the information I provide in this form in determining which activities may be appropriate for my child/ren.

I acknowledge that I have full authority and capacity to execute this indemnification on behalf of myself and my child/ren and I agree to indemnify Lutheran Outdoors Ministry of Texas, Inc. or any affiliate thereof, as well as their officers, directors, employees, staff and other personnel, volunteers, representative, consultants, agents and advisors (collectively, the "Indemnitee") against, and to hold each Indemnitee harmless from, any and all losses, claims, damages, liabilities and related expenses (including the fees, charges and disbursements of any counsel for any Indemnitee) incurred by any Indemnitee or asserted against any Indemnitee by any third party or by me individually or in my capacity as parent or guardian of my child/ren arising out of (a) my child/ren's presence at camp or any camp related site, (b) my child/ren's participation in any activity at camp or any camp related site, (c) my child/ren being transported from one location to another during the period covered by this form, (d) medical treatment, if any, that my child/ren may require as a result of his or her attendance at camp or any camp related site or participation in any camp related activity or (e) any actual or prospective claim, litigation, investigation or proceeding relating to any of the foregoing, whether based on contract or tort or any other theory, whether brought by a third party or by me individually or in my capacity as parent or guardian of my child/ren, **IN ALL CASES, WHETHER OR NOT CAUSED BY OR ARISING, IN WHOLE OR IN PART, OUT OF THE COMPARATIVE, CONTRIBUTORY OR SOLE NEGLIGENCE OF THE INDEMNITEE;** provided that such indemnity shall not, as to any Indemnitee be available to the extent that such losses, claims, damages, liabilities or related expenses are determined by a court of competent jurisdiction by final and nonappealable judgment to have resulted from the gross negligence or willful misconduct of such Indemnitee.

I acknowledge that my child/ren named on this LOMT Liability Waiver is expected to abide by guidelines as set forth by LOMT concerning safety and Christian principles and the laws of the State of Texas and all State of Texas regulations governing youth camps. I also acknowledge and give consent to photographs or videos being taken during this event and these reproductions may be used in routine publicity for programs of LOMT.

NO PARTICIPANT ACCEPTED WITHOUT SIGNED LIABILITY WAIVER.

Date	Signature of Adult	Printed Name of Adult	Emergency Contact Name and Number

Date	Signature of Adult	Age	Health Condition Notes (Use Back if Necessary)