

SOUTHWOODS

Please read the following, sign, date and return to Southwoods.

Dear Guest,

Welcome to Southwoods on Paradox Lake. We are very pleased to host Park Shore Country Day Camp and are looking forward to a great week. Please read this document and sign below, (guardians/parents of minors please sign your name assuming responsibility for minors), date and return to your camp director. It is the director's job to ensure that everyone signs this form and turns it in before they are allowed to begin use of the facility.

Liability Waiver

For good available consideration, the undersigned agrees to hold harmless and indemnify Southwoods Recreation, Inc. (Southwoods), here after referred to as "The Camp", its' agents, servants, and/or employees from any claims and liability resulting from the use by the undersigned of the premises and equipment of, The Camp, located at 532 NYS Route 74, Paradox, NY 12858.

The person listed below acknowledges that there are risks involved in all activities and they agree to assume that risk and that no medical services or personnel are provided by, The Camp. The undersigned is medically fit and skilled to engage in all activities in which they elect to participate, including all waterfront activities.

The undersigned further acknowledges that they are monetarily responsible immediately to, The Camp, for repairs of any damage that they or the minors in their care effect on the property.

The undersigned further acknowledges the risk involved in camp activities and that no environment is risk-free. The undersigned adult accepts full responsibility for their personal risk as well as the minors they are responsible for and agree to and/or grant the child listed, permission to be at camp and participate fully in all activities. Additionally, the undersigned has read and agrees to abide by all facility terms outlined in this form or verbally given by facility staff.

The undersigned further acknowledges that they will bring a negative Covid 19 PCR test dated within 72 hours of arriving at, The Camp; and acknowledges that there are risks given the possible presence of Covid 19. Further, the undersigned acknowledges that they will abide by the current health guidelines of the New York State Department of Health as well as, The Camp.

The undersigned further acknowledges that, The Camp, may require the undersigned to immediately vacate the premises if, The Camp, in its' sole discretion, determines the activity of the undersigned to be disruptive. What is disruptive is left to the sole discretion of, The Camp. In such event, the undersigned will not be entitled to a refund of any payments made or due.

PRINT NAME

SIGN NAME

PRINT MINORS NAME

PARENT OR GUARDIAN SIGNATURE

DATE