relentless
SUKKOT 2026

SUKKOT CAMP WAIVER

THE BRIDGE FELLOWSHIP • BRENHAM, TEXAS

CAMP DATES: FRIDAY, SEP. 25 - SUNDAY, OCT. 4

LOCATION: THE BRIDGE • 1100 FM 390 W. BRENHAM, TX 77833

PARTICIPANT LIABILITY WAIVER, RELEASE OF CLAIMS, AND ASSUMPTION OF RISK

Participant Information

Participant(s) Name: _____

_____

_____

_____

_____

_____

_____

Address: _____

City/State/Zip: _____

Phone: _____

Email: _____

Emergency Contact: _____

Emergency Phone: _____

ACKNOWLEDGMENT OF RISKS

I understand that participation in Relentless Camp 2026 and related activities involves certain inherent risks that cannot be completely eliminated regardless of the care taken by camp leadership.

These activities may include, but are not limited to:

- Camping and outdoor recreation
- Hiking and walking trails

- Swimming and water activities
- Baptism services
- Campfires and cooking activities
- Sporting and recreational activities
- Children's activities
- Transportation to off-site activities
- Use of camping equipment and facilities
- Participation in worship services and group events

I understand that these activities may result in personal injury, illness, property damage, disability, or death.

I knowingly and voluntarily assume all risks associated with participation in camp activities.

RELEASE OF LIABILITY

In consideration of being permitted to participate in Sukkot, I hereby release, waive, discharge, and covenant not to sue:

- The Bridge Fellowship
- Relentless Camp Leadership
- Camp volunteers
- Camp staff
- Ministry leaders
- Property owners
- Event sponsors
- Officers, directors, elders, agents, and representatives

from any and all liability, claims, demands, actions, causes of action, damages, losses, costs, or expenses arising out of or related to my participation in camp activities, except where prohibited by law.

This release includes claims arising from negligence but does not apply to gross negligence, reckless conduct, or intentional misconduct.

MEDICAL AUTHORIZATION

In the event of an accident, illness, or emergency, I authorize camp leadership to obtain emergency medical treatment on my behalf if I am unable to do so.

I understand that I am responsible for any medical expenses incurred as a result of treatment.

Medical Insurance Carrier: _____

Policy Number: _____

Allergies or Medical Conditions:

CODE OF CONDUCT AGREEMENT

I agree to follow all camp rules, policies, safety guidelines, and instructions provided by camp leadership.

I understand that failure to comply with camp policies may result in restrictions from activities or dismissal from camp without refund.

INDEMNIFICATION

I agree to indemnify and hold harmless The Bridge Fellowship, Relentless Camp 2026, its staff, volunteers, leaders, and representatives from any claims, liabilities, damages, or expenses arising from my actions or conduct while participating in camp activities.

ACKNOWLEDGMENT

I have carefully read this document and understand its contents. I understand that I am giving up certain legal rights by signing this agreement. I sign it freely and voluntarily.

Printed Name:_____ Date: _____

Participant Signature: _____

PARENT OR LEGAL GUARDIAN CONSENT

(Required for Participants Under 18 Years of Age)

I am the parent or legal guardian of the minor participant listed above. I have read and understand this waiver and consent to my child's participation in Sukkot.

Parent/Guardian Name: _____

Signature: _____ Date: _____

Emergency Phone: _____