

PARENT/LEGAL GUARDIAN RELEASE FORM

In consideration of Camp Haven Inc. ("Camp Haven") allowing my minor child to participate in a program provided by Camp Haven (the "Program"), I, by my signature below, on behalf of myself, my children, my ward(s), my parents, my heirs, assigns, personal representative, here by agree as follows:

1. As part of the Program, I understand that my child will be participating in outdoor recreational activities that may involve climbing walls, zip lines, trampolines, inflatables, athletic activities, games, go carts, and other social and recreational activities. I also understand that Program activities will occur on property not owned or controlled by Camp Haven.
2. I acknowledge that participation in the Program involves known and unanticipated risks. I understand that such risks simply cannot be eliminated.
3. I expressly agree and promise to accept and assume all of the risks existing with my child participation in the Program. I have elected to allow my child to participate despite the risks and this decision is purely voluntary. I further acknowledge that I have the right to discontinue my child's participation in the Program at any time.
4. WITH THE EXCEPTION OF CAMP HAVEN'S GROSS NEGLIGENCE OR WILLFUL MISCONDUCT, I HEREBY VOLUNTARILY RELEASE, WAIVE, AND FOREVER DISCHARGE ANY AND ALL CLAIMS OF NEGLIGENCE AGAINST CAMP HAVEN, ITS BOARD OF DIRECTORS, OFFICERS, EMPLOYEES, VOLUNTEERS, AGENTS, AND ALL OTHER PERSONS OR ENTITIES ACTING ON ITS BEHALF IN ANY WAY TO MY CHILD'S PARTICIPATION IN THE PROGRAM. I FURTHER AGREE TO REIMBURSE CAMP HAVEN FOR ATTORNEY FEES INCURRED RELATED TO ENFORCE THIS NEGLIGENCE WAIVER PROVISION.
5. I agree to indemnify and hold harmless Camp Haven, from and against any liabilities, claims, causes of action, suits, losses, fines, judgments, settlement, and expenses (including reasonable attorney fees) which may be incurred by Camp Haven as a consequence of my child's conduct resulting in the injury of a third-party or damage of a third-party's property.
6. In the event that I file a claim against Camp Haven, I agree to do so solely in the courts located in Faulkner County, Arkansas, and further agree that the substantive law of Arkansas shall apply without regard to conflict of law rules. I agree that if any portion of this Agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.
7. I understand and agree to accurately and truthfully complete the Medical Form & Your Basic Information Form information as part of this application for my child prior to the start of camp.

By signing this ASSUMPTION OF RISK, RELEASE, WAIVER OF LIABILITY, AND INDEMNIFICATION AGREEMENT, I expressly state that I have had sufficient opportunity to read it in its entirety. I further certify that I have read and understood it, and I agree to be bound by its terms. I further acknowledge that this document contains a waiver of negligence provision.