



EXHIBIT C
LIABILITY AND PHOTO RELEASE
DEMOGRAPHIC DATA COLLECTION

I, the undersigned, understand and acknowledge that occasionally accidents occur during camp or retreat activities and that participants may sustain serious personal injury and property damages as a consequence thereof. I understand that at Camp Aranzazu there are adventure sports including a ropes/challenge course, sailing, hiking, kayaking, archery range, and swimming pool. I understand that all activities are to be used only under direct camp supervision. I understand that Camp Aranzazu does not have a medical team on site. I also understand that there is some degree of risk of contracting a communicable disease at any camp, including Camp Aranzazu. Knowing the risks of camp and retreat activities, nevertheless, I agree to assume those risks and by signing this liability release, I intend to legally bind myself, my minor children, my heirs, executors, and administrators. I hereby release and forever discharge Camp Aranzazu, its officers, directors, agents, shareholders, and employees, holding all and each of them harmless from any and all claims, actions, suits, procedures, costs, expenses, damages and other liabilities including, but not limited to attorneys' fees, arising out of, connected with, or otherwise resulting from any injury or loss including but not limited to injuries to property or person to me/my child during or related to my/my child's attendance at Camp Aranzazu.

I also give permission and consent to allow photographs or video to be taken during camp session activities. I further give permission and consent that any such photographs or video may be published and used by Camp Aranzazu, and the American Camp Association® and their agents, or donors, to illustrate and promote the camp experience, Camp Aranzazu and its camp programs, or the American Camp Association.

Check this box if you **do not** give permission and consent to allow photographs or video to be taken during camp.

The information below must be filled out completely and signed.

Camp/Group Name: _____ Date(s) of Camp: _____

Attendee Name: _____ Date of Birth: _____

Attendee is coming to Camp as a: Camper Volunteer Paid Staff Day Visitor (Date: _____)

Attendee or Parent/Guardian Signature: _____

Attendee or Parent/Guardian Name (Printed): _____

Relationship to Attendee: _____

Mailing Address: _____

City, ST ZIP: _____ County: _____

Telephone: _____ Email: _____

Date: _____ Check this box if you do not want your email address added to our mailing list.

We use the information below to help us write grants to keep the cost of camp as low as possible.

Attendee qualifies for free or reduced lunch at school: Yes No Prefer not to answer

Ethnicity: Hispanic/Latinx White Black/African American Asian

Indigenous Other _____ Prefer not to answer

FOR OFFICE USE ONLY: Mission Non-Mission