

**CAMP STAFF/VOLUNTEER COUNSELOR
AGREEMENT AND RELEASE**

In consideration for my being allowed to participate as a staff member/volunteer counselor of Camp Sanguinity at Camp John Marc, Bosque County, Texas, during the week of June 29 - July 5, 2019. I, _____, agree to release the Owner of Camp John Marc from any and all claims from personal injury, property damage or any other nature which might arise as a result of my use of Camp John Marc. In addition, I shall refrain from instituting, pursuing or aiding any claim, demand, action or causes of action growing out of, or hereinafter to grow out of my use of the Camp. I understand that the signing of this release is a requirement of Camp John Marc in order for Camp Sanguinity to have use of the Camp. This Agreement shall be binding upon me and my heirs, agents and assigns.

THIS IS A LEGAL RELEASE OF LIABILITY FORM. I HAVE READ THIS FORM CAREFULLY AND HAVE HAD ALL QUESTIONS ANSWERED BEFORE SIGNING.

X _____ (Signature) _____ (Date)

CONFIDENTIALITY STATEMENT

Please read carefully before signing

I understand and agree that in the performance of my duties as a volunteer of Camp Sanguinity I must hold in strictest confidence any observations I may make or information I may hear regarding patients, patient families, or staff.

I verify that all of the information provided by me on this application is true, correct, and complete. I grant Camp Sanguinity permission to verify this information in arriving at a volunteer decision. I understand that false or misleading statements or the omission of any information necessary to make this application complete may result in rejection of my application.

Applicant's Signature _____ **Date** _____