

**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 30 – July 6, 2018. 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)

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**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** \_\_\_\_\_