

Episcopal Diocese of West Texas  
Camp Capers

**ASSUMPTION OF RISK**  
**To be signed by adult guests**

I AM AWARE THAT DURING MY STAY AT Camp Capers, a facility owned and operated by the Episcopal Diocese of West Texas, certain risks and dangers may occur. These include, but are not limited to, the hazards of being in the hill country, forces of nature, and other attributes of this setting. I am aware that Camp Capers has direct access to the Guadalupe River, therefore, I and my family may have the opportunity to participate in aquatic activities including swimming and tubing in the river and swimming in the pool. It is the sole responsibility of me (or legal guardian if under the age of 18) to decide on and carry out any activity restrictions I or my family (or legal guardian) deem personally necessary. Non-or week swimmers should not participate in aquatic activities. No minor should be at the river without direct, constant supervision by a parent or guardian, or at the pool without the presence of an on-duty lifeguard. I am also aware that there is a road for deliveries and staff in the camp area. In consideration of these activities and special environment, to the extent permitted by the law, I have and do hereby hold the Episcopal Diocese of West Texas and its bishops, Executive Board, Trustees, and members of the Church Corporation, and all employees and agents thereof, including but not limited to those at Camp Capers harmless from any and all liability, actions, cases of actions, debits, claims and demands of every kind and nature whatsoever which I now have or which may arise from or in connection with my stay or participation in activities arranged for me at Camp Capers. Injuries may include emotional or physical injuries not to exclude fatality. The terms hereby shall serve as a release and assumption of risk for my heirs, executors and administrators and for all members of my family.

Signature of Parent/Guardian Participant \_\_\_\_\_

Printed name of Participant/s \_\_\_\_\_

Date \_\_\_\_\_

Participant Phone Numbers

Home \_\_\_\_\_

Office \_\_\_\_\_

Cell \_\_\_\_\_

Signature of Witness \_\_\_\_\_

Date \_\_\_\_\_