Counselor Name_____

HENDRICK HOSPICE CARE, INC. CAMP COURAGE LIABILITY RELEASE

I realize that Camp Courage (the "camp") sponsored by Hendrick Medical Center/Hendrick Health ("HMC"), Hendrick Hospice Care, Inc. ("Hospice"), and Children's Miracle Network ("CMN") is specifically for the benefit and development of children who have suffered loss due to divorce, death or other significant loss and allows them to work and play with individuals experiencing the same and/or similar problems associated with such loss. In consideration of me being permitted to attend the camp and participate in all activities, I agree to assume full and complete responsibility for any injury or accident which may occur during my attendance at the camp. I hereby further agree to hold no party connected with the camp, including Hospice, HMC, CMN, and their affiliates, and their officers, directors, trustees, agents, employees, volunteers, servants and representatives, responsible for any injury or sickness to me during attendance at the camp and the my participation in any activities.

Further, in consideration of the foregoing, I hereby release Hospice, HMC, CMN, and their affiliates, and their officers, directors, trustees, agents, employees, servants, physicians, nurses, counselors, volunteers and any and all other persons, whether named herein or not, from any and all liability and responsibility in connection with my attendance at camp, and hereby release all of said parties from all liability by reason of any accident, injury or illness suffered by me while at the camp or participating in any of the camp activities.

Further, for and in consideration of the foregoing, I agree to indemnify and forever hold harmless any party connected with Hospice, HMC, CMN, and their affiliates, and any and all persons connected therewith, including those referred to above, from any and all liability of whatever nature and by whomever asserted as a result of any illness or injury to me arising from and growing out of attendance at the camp and participating in any of its activities, whether caused by negligence of camp personnel or any other persons or entities associated with the camp.

_____ _____

Camp Counselor Signature Date

_____

Witness Signature

Media Permission

I hereby give my permission to allow myself to be photographed/videotaped during my stay at Camp Courage. I understand that by signing this slip I will allow Hendrick Health System and Hendrick Hospice Care to reproduce my likeness for the purpose of publicizing future events sponsored by Hendrick Health System and Hendrick Hospice Care.

_____ _____

Counselor Signature Date