



Group Name _____
Cabin _____ Room # _____
Vehicle Make & Model _____

## Guest Registration

Guest Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

Minors Covered Under this Release \_\_\_\_\_

### Lake Logan Conference Center and Camp Henry, Inc Activity Release

I am aware that recreational activities can be hazardous and I assume all risks of injury, loss of life and or damage to person or property as the result of my use of the property or any recreational equipment belonging to Lake Logan Conference Center and Camp Henry, Inc. (hereinafter "Lake Logan"). I agree that I will not hold Lake Logan or any person connected with the administration or ownership of Lake Logan responsible for any injury, loss of life, or damage that occurs in the course of my use of the facilities. I agree to pay for, defend, and indemnify Lake Logan for any injury or damage suffered by me directly or indirectly. I further agree that all equipment supplied by Lake Logan is provided "as is/where is" and release Lake Logan from any and all responsibility directly or indirectly connected to the equipment provided.

### Coronavirus / COVID-19 Warning & Disclaimer

Initial \_\_\_\_\_

Coronavirus, COVID-19 is an extremely contagious virus that spreads easily through person-to-person contact. Federal and state authorities recommend social distancing as a mean to prevent the spread of the virus. COVID-19 can lead to severe illness, personal injury, permanent disability, and death. Further, I have read and agree to Lake Logan Conference Center and Camp Henry, Inc's Guidelines and Policies that were provided to me for handling risks related to COVID-19.

Participating in Lake Logan programs or accessing Lake Logan facilities could increase the risk of contracting COVID-19. Lake Logan in no way warrants that COVID-19 infection will not occur through participation in Lake Logan programs of accessing Lake Logan facilities.

By signing this release, I certify that to my knowledge I have not exhibited symptoms, tested positive for, or been in contact with anyone who has exhibited symptoms or tested positive for COVID-19 in the past 14 days. Further if I am diagnosed with COVID-19 within 14 days of leaving Lake Logan, I will contact the executive director to disclose this information. I understand my identity will not be shared with anyone else.

As a guest of Lake Logan, I recognize that my likeness in photograph, video, or other digital media (phot) may be taken and hereby grant the Lake Logan permission to use my photo in any and all of its publications, including web-based publications, without payment or other consideration.

(As the parent or guardian of a minor child I make this agreement individually and on behalf of my child.)

Guest Signature \_\_\_\_\_ Date \_\_\_\_\_