



CASCADE LAKE 4-H CAMP

Donnelly, Idaho

www.cascadelake4hcamp.com contact@cascadelake4hcamp.com

Return to: Cascade Lake 4H Camp, P.O. Box 102, Parma, Id 83660 or
contact@cascadelake4hcamp.com

WORK WEEKEND APPLICATION & WAIVER 2026

Name: _____

If family, please list name of all youth and ages.

Address: _____ **Phone** _____

Email: _____

Request a cabin for: Friday night _____ Saturday night _____ No cabin _____

Number at meals: Sat breakfast _____ Sat lunch _____ Sat dinner _____ Sun breakfast _____

Would you like to receive the Camp Newsletter _____ Receive it by email _____

WAIVER OF LIABILITY & INDEMNITY

I am an adult that will be with my family at the Cascade Lake 4-H Camp, provided by Cascade Lake 4-H Camp, Inc. (4-H Camp) to participate in camping, use of the Cascade Lake Reservoir, and other activities ("Activities"). As lawful consideration for the intangible value that my family and I will gain by participating in the Activities, I agree to the terms and conditions set forth in this agreement ("Agreement").

I understand I am responsible for my actions and the actions of any minor children participating in the Activities with me ("Children"), including the actions of my Children in or on the water. I agree to comply with all rules regarding any Activity at the 4-H Camp. I am aware that the Activities are dangerous and may involve the risk of serious injury, death, or property damage. I acknowledge that any injuries that my Children or I sustain may be compounded by negligent emergency response or rescue operations of the 4-H Camp. My Children and I are voluntarily participating in the Activities with knowledge of the danger involved, and I agree to accept and assume all risks of injury, death, or property damage, whether caused by the negligence of the 4-H Camp or otherwise. I understand I am responsible for my actions and the actions of my Children at the 4-H Camp. I also understand and acknowledge that the Cascade Lake 4-H Camp, Inc. and its volunteer board of directors and employees are not responsible for my safety or the safety of my Children and well being while at the 4-H Camp.

I further understand the Cascade Lake 4-H Camp, Inc., its volunteer board of directors or employees will not be liable for any injury that my Children or I may incur while participating in the Activities in or on the water or at the 4-H Camp during our stay. I expressly

waive and release all claims, including future claims, against the 4-H Camp, its officers, volunteer board of directors, employees, agents, and its successors and assigns (“Releasees”) on account of injury, death, or property damage arising out of my participation in the Activities or my Children’s participation in the Activities, whether or not attributable to the negligence of the 4-H Camp or any Releasee. I forever release and discharge the 4-H Camp and other Releasees from liability under or related to these claims.

I agree to defend, indemnify, and hold harmless the 4-H Camp and all other Releasees against any and all losses, damages, liabilities, deficiencies, claims, actions, judgments, settlements, interest, awards, penalties, fines, costs, or expenses of whatever kind, including attorney fees, fees, and the costs of enforcing any right to indemnification under this Agreement and the cost of pursuing any insurance providers, incurred by or awarded against the indemnified party, arising out of or resulting from any claim of a third party related to the Activities, whether caused by negligence of the Releasees or otherwise.

This Agreement constitutes the entire agreement of the 4-H Camp and me with respect to my participation in the Activities and my Children’s participation in the Activities at the 4-H Camp. This Agreement is binding on and shall inure to the benefit of the 4-H Camp and me and their successors and assigns. All matters arising out of or related to this agreement will be governed by the internal laws of the State of Idaho, without giving effect to any choice or conflict of law provision. Any claim or cause of action arising out of this Agreement may be brought only in the federal and state Courts located in the state of Idaho, county of Canyon.

By signing this Agreement, I acknowledge that I have read and understand all of the terms of this Agreement and that I am voluntarily giving up substantial legal rights, including the right to sue Cascade Lake 4-H Camp, Inc.

Signature of Adult

Date

Signature of Adult

Date

Address, City, State, Zip

Names of Children: _____
