



CAMP KTC/MACHANE MIAMI 2026 WAIVER OF LIABILITY

Camp Event Sponsor: Machane Miami LLC (CAMP KTC)

Camp Event Site: Various locations throughout Florida, including but not limited to Orlando, Miami, Tampa, Williston and surrounding areas.

Camp Event Dates: June 2026-August 2026

Child's Name:

_____ (hereinafter "Child")

THIS DOCUMENT IS A RELEASE AND WAIVER OF LIABILITY BY YOU ON BEHALF OF BOTH YOURSELF AND YOUR CHILD, AN ASSUMPTION OF RISK BY YOU ON BEHALF OF BOTH YOURSELF AND YOUR CHILD, AN INDEMNITY AND AGREEMENT TO HOLD HARMLESS BY YOU PERSONALLY ON YOUR OWN BEHALF AND YOUR CHILD'S (this "Waiver"). IT IS A LEGALLY BINDING EXPRESS STATEMENT THAT YOU ON BEHALF OF BOTH YOURSELF AND YOUR CHILD ASSUME MANY RISKS, AND RELEASE AND WAIVE LIABILITY THAT YOU, YOUR CHILD, OR YOUR CHILD'S FAMILY OR HEIRS MIGHT HAVE AGAINST THE CAMP EVENT SPONSOR AND/OR THE OWNER OF THE PROPERTY ON WHICH THE CAMP EVENT WILL TAKE PLACE.

Please read this Waiver carefully in its entirety prior to signing.

Acknowledging that public health risks and other hazards may exist, and in consideration of being permitted to participate in Summer Camp 2026 operated by Machane Miami LLC (hereinafter "Machane Miami"), and all related activities (the "Camp Event"), including but not limited to climbing, rope activities, swimming, sporting, social and recreational events, travel, camping, and other activities (collectively, the

“Activities”), I hereby, for my Child, myself, and our respective heirs, representatives, and assigns, agree to the following:

1. 2. 3. I hereby represent and warrant that I am a custodial parent of Child with the full power and authority to enter into this Waiver on behalf of Child.

On behalf of Child and myself, I hereby forever release, waive, and discharge Machane Miami and its affiliates, owners, employees, volunteers, and representatives (collectively, the “Camp Event Sponsor”) from any and all claims, demands, and causes of action arising from or relating to personal injury, illness, property loss, or death occurring during or as a result of participation in the Camp Event or travel to/from Camp sites.

The injuries referenced above include, but are not limited to, injuries related to the contraction or transmission of contagious diseases (e.g., COVID-19), the 4. 5. 6. 7. 8. 9. effects of physical exertion, and participation in activities that carry inherent risk. I acknowledge the possibility of permanent disability or death.

This Waiver applies equally to any agents, affiliates, employees, or representatives of the Camp Event Sponsor and any owners of property visited during the Camp.

I understand and voluntarily accept the inherent risks involved in participation in the following activities, which may include close physical contact, physical exertion, aquatic risks, and equipment or facility-related hazards:

○

Water and theme parks: H2O Water Park, Aquatica, Sea World, Disney, Universal, Fun Spot, Funtastik Depot, Kissimmee Water Park, Encore Water Park, Villatel water park

○

Zoos, Safaris, Nature Reserves: Florida Safari, Everglades, Gatorland, Shark Wake Park, Tibet Butler Preserve, Kelly rock park, Wewika springs state park, Rainbow springs, Mermaid springs, any Spring in the area.

○

Science and educational centers: Sea Life Aquarium, Orlando Science Center, Kennedy Space Center, Crayola Experience, Holocaust Memorial, Orlando Fire Museum, the Orlando Eye, All activities in icon park

○

Recreational parks and natural springs: Wekiwa Springs, Kelly Rock Springs, Devils Den, Juniper Springs, Blue Spring, Ginnie Springs, Rainbow Springs, Cedar Lakes Woods Garden, Silver Springs

○

Biking and outdoor adventure: West Orange Trail, Orlando Tree Trek, paddle boarding, tubing, snorkeling, airboat rides

○

Entertainment and city attractions: CityArts, Old Town, Disney Springs,

Universal CityWalk, ICON Park, Lincoln Road, Dezerland Park, Disney World, Universal Studios

○

Creative and performance activities: Pottery Studio, scavenger hunts, Color War activities, music, dance, crafts, and sports competitions

○

Overnight camping and transportation between cities (including Orlando, Tampa, and Miami)

I have reviewed the safety protocols and am satisfied with the measures taken by Machane Miami. I voluntarily assume all risks on behalf of my Child, including known and unknown risks associated with travel, physical activities, and potential exposure to illnesses or accidents.

I agree to fully indemnify and hold harmless the Camp Event Sponsor and all related entities from any liability, claims, costs, legal fees, or damages resulting from my Child's participation, including claims related to illness or injury.

If any part of this indemnity is held to be void or unenforceable, it shall be limited to the extent allowed by law, and the rest shall remain in full force and effect.

I agree not to file or support any lawsuit or claim against the Camp Event Sponsor or property owners arising from my Child's participation in the Camp Event. 10. This Waiver constitutes the entire agreement. Any modification must be in writing

and signed by all parties. No oral statements or representations can alter its meaning.

11. This Waiver is governed by the laws of the State of Florida and New York. If any provision is deemed invalid, the remaining provisions shall remain enforceable.

12. I acknowledge that all tuition/fees paid for Machane Miami 2026 are non-refundable under all circumstances.

13. I understand that this Waiver is a binding legal agreement. I have been advised to seek legal counsel and have had the opportunity to do so.

14. I give authorize and give permission for Machane Miami LLC to administer Over-the-Counter Medication to my daughter if needed

■ Yes ■ No

15. Sleeping Arrangements Consent

I understand that Machane Miami uses king beds shared by two campers. Rooms range from 2 queen, 2 twin, 2 double, and bunk beds. If the bed is large enough for two people there WILL be two girls sharing a bed and I am signing and consenting that this is ok. I confirm that I am comfortable with this. Machane Miami is NOT responsible if anything occurs.

16. Informed Consent & Liability Release

I give permission for my child to participate in all Machane Miami LLC activities and release Machane Miami LLC, its staff and affiliates from liability.

Informed Consent and Assumption of Risk

I grant permission for my child to participate in all activities organized and conducted by **Machane Miami LLC** during the selected camp session. In consideration of my child's acceptance and participation in Machane Miami LLC, I knowingly and voluntarily assume full responsibility for any and all risks, dangers, and hazards associated with camp activities.

I hereby release, waive, discharge, and agree to hold harmless **Machane Miami LLC**, including its directors, officers, employees, agents, volunteers, representatives, and affiliates, from any and all claims, liabilities, demands, or causes of action arising from or related to my child's transportation to and from, participation in, or return from any camp-related activity or event.

In the event my child sustains any injury or illness, I expressly waive any and all claims against Machane Miami LLC, its staff members, affiliates, fellow participants, sponsoring organizations, advertisers, and, where applicable, the owners and lessors of any premises used for camp activities.

Medical Authorization and Emergency Treatment Consent

As the parent and/or legal guardian of the camper named above, I hereby authorize any licensed and qualified physician or medical professional to examine, diagnose, and provide necessary medical treatment to my child in the event of an accident, injury, or medical emergency that, in the judgment of the attending medical professional, requires immediate care to prevent serious harm, permanent injury, disfigurement, or undue pain and suffering.

I grant permission for the administration of emergency medical care, including but not limited to medical procedures, minor surgical treatment, diagnostic testing, x-ray examinations, and immunizations, as deemed necessary for my child's health and safety.

In the event of a serious medical condition, major injury, or the need for significant medical intervention, I understand and agree that every reasonable effort will be made

to contact me as promptly as possible. This authorization shall remain valid if I cannot be reached after reasonable attempts have been made.

I further authorize **Machane Miami LLC**, including its directors, counselors, and staff members, to provide or arrange for emergency medical care and treatment for my child prior to arrival at a medical facility when immediate action is required.

This consent and release are executed voluntarily and without duress, for the sole purpose of ensuring that appropriate medical care may be provided to my child in emergency situations, when I am unavailable, to protect the child's health, safety, and well-being.

Camp Sessions

Session 1: June 29 – July 13, 2026

Session 2: August 5 – August 19, 2026

General Policies

No refunds for late arrival, early departure, or dismissal.

Anything that arises in a dispute will be brought directly to a Rav

Parent/Guardian Acknowledgement:

I affirm that I have read, understood, and voluntarily accept all terms contained in this Waiver.

Name of Parent/Guardian (please print):

Relationship to Child:

Signature:

Date:
