

Student Permission Waiver - Institution

Fellowship of Christian Athletes - E3 Discipleship Camp

I desire to participate in the E3 Discipleship Camp (the "Camp") to take place June 26-28, 2026, provided by the Fellowship of Christian Athletes, an Oklahoma not-for profit corporation with offices located at 8701 Leeds Rd, Kansas City, Missouri, 64129 ("FCA"). The Camp will take place at Cornell College, located at 600 First Street SW, Mount Vernon, Iowa, 52314. In consideration of being permitted to use Cornell College's facilities during the Camp, and in recognition of FCA and Cornell's reliance hereon, I agree to the following Release:

Release of Liability

I expressly assume all risks of participating in the Camp, whether such risks are known or unknown to me at this time. I release Cornell College, including its governing board, trustees, directors, officers, employees, and any Participants, agents or volunteers acting at Cornell College's direction (collectively, "**Cornell Releases**"), from any claim that I may have against them as a result of injury or illness incurred during the course of the Camp. I also expressly release Cornell Releases from any claim that I may have against them as a result of any loss, damage, theft, or loss of any property that occurs during the course of the Camp. This release of liability includes (without limitation) any claims of negligence or breach of warranty. This release of liability does NOT extend to claims for gross negligence, willful misconduct, or any other liabilities that Iowa law does not permit to be released by agreement. This release of liability is intended to cover all claims that members of my family or estate, heirs, representatives, or assigns may have against the Cornell Releases.

Signature of Student Participant: _____ *Date:* _____

If Parent / Legal Guardian is signing for minor child: I represent that I am the parent/guardian of _____, who is under 18 years of age. I have read the above Student Permission Waiver - Institution Form and am fully familiar with the contents thereof. In consideration for allowing the participation of the student in these activities, I hereby consent to the Student Permission Waiver - Institution Form, including the Release of Liability above, on behalf of the student and agree that this waiver and release shall be binding upon me, my family, heirs, legal representatives, successors, and assigns.

Signature of Parent / Guardian: _____ *Date:* _____