

WEEKEND  EXPERIENCE

Name (Last, First): _____

RECLAIMING HEARTS MINISTRIES WEEKEND EXPERIENCE RELEASE FORM

WAIVER AND RELEASE OF LIABILITY FORM, RELEASE OF LIABILITY, WAIVER OF CLAIMS, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT

IMPORTANT: THIS IS A LEGAL DOCUMENT: Please read and understand before signing. BY SIGNING THIS DOCUMENT YOU WILL HAVE WAIVED CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE. If you have any questions, please contact the ministry leadership, or consult an attorney. Please understand that you or your dependent(s) will not be allowed to participate in retreat activities if there are any changes in this document.

Assumption of Risk:

1. I, the undersigned, wish to participate in Reclaiming Hearts Ministries Weekend Experience. I recognize and understand that participating in the experience involves certain risks. Those risks include, but are not limited to, loss or damage to equipment, injury, illness, including contracting COVID or any complications resulting from contracting COVID, or in extreme cases, permanent trauma or death.
2. Despite these and other risks, and fully understanding such risks, I wish to attend and participate in Reclaiming Hearts Ministries Weekend Experience and hereby assume the risks in participating. I also hereby hold harmless the ministry leaders, staff, and board and indemnify them against any or all claims, actions, suits procedures, costs, expenses (including attorney's fees and expenses), damages and liabilities arising out of, connected with, or resulting from my participating in the experience. I hereby release the ministry leaders, board, and staff from any and all such liability, and I understand that this release shall be binding upon my estate, my heirs, my representative and assigns. I hereby certify to the ministry leaders that I further certify that I am 18 years of age or older. _____ (Initials)

RELEASE OF LIABILITY, WAIVER OF CLAIMS, AND INDEMNITY AGREEMENT

In consideration of participating in Reclaiming Hearts Ministries Weekend Experience, I hereby agree as follows:

1. TO WAIVE ANY AND ALL CLAIMS that I have or may in the future have against Reclaiming Hearts Ministries, their leaders, employees, agents, representatives, board (all of whom are hereinafter collectively referred to as "the Releasees");
2. TO RELEASE THE RELEASEES from any and all liability for any loss, damage, injury, illness, including Covid or any complications resulting from contracting COVID, or expense that I may suffer or that my next of kin may suffer as a result of my participation in the Reclaiming Hearts Ministries Weekend Experience due to any cause whatsoever, INCLUDING NEGLIGENCE ON THE PART OF THE RELEASEES;
3. TO HOLD HARMLESS AND INDEMNIFY THE RELEASEES from any and all liability for any damage to property of, or personal injury to, any third party resulting from my participation in the Reclaiming Hearts Ministries Weekend Experience.
4. That this Agreement shall be effective and binding upon my heirs, next of kin, executors, administrators and assigns, in the event of my death. I HAVE READ AND UNDERSTOOD THIS AGREEMENT, AND I AM AWARE THAT BY SIGNING THIS AGREEMENT I AM WAIVING CERTAIN LEGAL RIGHTS WHICH I OR MY HEIRS, NEXT OF KIN, EXECUTORS, ADMINISTRATORS AND ASSIGNS MAY HAVE AGAINST THE RELEASEES.

Signed this _____ day of _____, 2023.

Witness _____

Signature of adult participant 18 years old and older: _____

Please fill out the following information:

Contact Person(s) in case of emergency:

Name / Phone

Name / Phone

Do you carry medical insurance? YES or NO

Name of insurance provider / Group number / Phone

Do you have any medical condition of which we should be aware, or any medical or physical condition that would affect you on this retreat? ____ YES ____ NO

If yes, please describe:

Do you have any food allergies of which we should be aware that would affect you on this retreat? ____ YES ____ NO

If yes, please describe: