

Shalom Institute Waiver of Rights and Assumption of Risk

34342 Mulholland Hwy., Malibu, Ca. 90265, (818) 889-5500

Please read carefully and be sure to sign on Page 2 to avoid any future inconveniences

Part 1 - Acknowledgement of Risks

I _____, will be participating in a Shalom Institute Program on _____.
First Last Program date(s)

1. I understand and acknowledge that there are inherent risks and dangers in any mountain, river, climbing, rappelling, ropes course, hiking, horseback riding or camping activity or trip with the Shalom Institute, Camp and Conference Center. I understand that the dangers include, but are not limited to, hazards or injury to person and property while horseback riding, hiking, rock climbing, rappelling, using any high and low ropes course facility, or while afoot in the wilderness, from accident or illness in remote places without medical facilities, by the force of nature, and traveling by air, train, bus, automobile, or other conveyance., or any other activity associated in anyway with the Shalom Institute, Camp and Conference Center.
2. I understand and acknowledge that no amount of care, caution, instruction, or supervision can eliminate the dangers inherent in these outdoor adventures. In consideration of being allowed to participate in a Shalom Institute: Camp and Conference Center activity, I hereby personally assume all risks in connection to Shalom Institute: Camp and Conference Center activities and verify this statement by placing my initials here:
3. With full knowledge and appreciation of the foregoing risks, I hereby forever release and discharge Shalom Institute: Camp and Conference Center, their owners, guides, instructors, guests, agents, employees, volunteers, operators, assigns, officers, directors, and contractors (hereinafter referred to as "RELEASED PARTIES") from any and all liabilities, claims, demands, or causes of action that I may hereinafter may have for injuries or damages arising in any way from participation in a Shalom Institute: Camp and Conference Center activity, including but not limited to injury or damages caused by the passive or active negligence of the RELEASED PARTIES or third parties or the intentional acts of or omissions of the RELEASED PARTIES or third parties.
4. I further agree that I will not sue or make a claim against the RELEASED PARTIES for injury or damage or other losses sustained as a result of my attendance at or my participation in r Shalom Institute, Camp and Conference Center activities.
5. I understand and acknowledge that any dispute arising out of or in any way connected to any Shalom Institute: Camp and Conference Center activity that I participate in will be submitted to arbitration before the American Arbitration Association and decided in accordance with the applicable American Arbitration rules. I understand that the arbitration will be held in the Los Angeles office of the American Arbitration Association. I understand and acknowledge that by signing this agreement I am giving up my right to a jury or court trial.
6. I understand and acknowledge that if any legal action is necessary to enforce the terms of this agreement, the prevailing party shall be entitled to reasonable attorney fees in addition to any other relief to which that party may be entitled.
7. I understand that the various provisions of this agreement are several and the validity or inapplicability of any provision shall not affect the validity and applicability of the other provisions. The laws of the State of California govern this agreement.
8. I understand that if I have any questions about this agreement I will not sign the agreement until I consult with an attorney. My signature shall conclusively establish that I have either consulted with an attorney or waived my right to consult with an attorney before signing this document. I understand that I will not be allowed to embark on a Shalom Institute: Camp and Conference Center trip unless I sign this agreement. I further understand that there may be other outfitters in the area that may not require me to give up some or all of my rights.
9. I represent that I have carefully read and understand each and every one of the provisions of this Waiver or Rights and Assumption of Risk, fully understand each such provision, consent to be bound thereby and sign of my own free will.
10. Shalom Institute: Camp and Conference Center reserves the right to take photography or video records of any activity or program. I hereby agree Shalom Institute: Camp and Conference Center may use such photographic or video records for promotional and/or commercial purpose.

Part 2 – Signature

I have carefully read, clearly understood and accepted each and every one of the provisions stated above. I acknowledge that I am signing this form at my own will and that it shall be effective and binding upon heirs, my assigns, personal representatives, estate and myself and for all members of my family including minor children. I fully understand and agree to accept any and all risks of injury or damage to myself, and agree that all terms as set forth in this Waiver of Rights and Assumption of Risk apply to myself and further agree to indemnify and hold harmless Released Parties from any and all injuries, damage or death to myself. I hereby authorize Shalom Institute to use / give a copy of this form for any legal needs.

PLEASE PRINT CLEARLY - ALL BOLD SECTIONS MUST BE FILLED

First Name	Middle Name	Last Name	Date of Birth (mm/dd/yyyy)
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Address	City	State	Zip Code	Country (if foreign)
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Signature	Date signed
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Parent / Guardian

All minors (under the age of 18 one day prior to activity day) must have a parent or a legal guardian signing this form.

I, as the ☐ Parent ☐ Guardian of the minor (print name): _____, hereby declare that all the above information is correct to the best of my knowledge.

- I hereby approve the voluntary participation of my child in Shalom Institute activities with the knowledge of the dangers and risks involved in such activities.
- I fully understand and agree to accept any and all risks of injury or damage to my child and agree that all terms as set forth in this Waiver of Rights and Assumption of Risk apply to my child and further agree to indemnify and hold harmless Released Parties from any and all injuries, damage or death to my minor child.
- I hereby authorize Shalom Institute to use / give a copy of this form to the authorized personnel in case of an emergency.

The following will also be used as emergency contact information if needed.

First Name	Middle Name	Last Name	Date of Birth (mm/dd/yyyy)
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Address	City	State	Zip Code	Country (if foreign)
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Home Phone	Work Phone	Cell Phone
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Email Address

Signature	Date signed
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