

Fall Living River Elementary Retreat
Thursday, November 9 - Saturday, November 11, 2023
Registration Form

COST \$75 PER CHILD (PAYABLE TO CHURCH, NOT LIVING RIVER)

NAME _____

GENDER: _____ GRADE OR ADULT: _____ DOB: _____

ATTENDING WITH WHAT CHURCH: _____

HOME ADDRESS: _____

EMERGENCY CONTACT NAME: _____

EMERGENCY CONTACT PHONE: _____

MEDICAL INSURANCE INFORMATION IN CASE OF EMERGENCY:

COMPANY (BC/BS, Humana, etc.): _____ GROUP #: _____

IDENTIFICATION OR POLICY #: _____

SUBSCRIBER NAME: _____

MEDICAL INFORMATION INCLUDING MEDICATIONS TO BE ADMINISTERED, ALLERGIES, ETC:

FOOD ALLERGIES (IF ANY) _____

LIVING RIVER: A RETREAT ON THE CAHABA, INC PARTICIPANT RELEASE OF LIABILITY AND
ASSUMPTION OF RISK AGREEMENT
ELEMENTARY RETREAT NOVEMBER 9-11, 2023

Participant Name _____

In consideration of being allowed to participate in any way in the program, related events and activities, I the undersigned, acknowledge, appreciate, and agree that:

1. The risk of injury from activities involved in this program is significant, including the potential for permanent paralysis and death.
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation.
3. I willingly agree to comply with terms and conditions for participation. If I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately.
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS LIVING RIVER: A RETREAT ON THE CAHABA INC., its officers, officials, agents and/or employees, other participants, volunteers, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event (RELEASEES), from any and all claims, demands, losses, and liability arising out of or related to any ILLNESS, INJURY, DISABILITY OR DEATH I may suffer, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.
5. I will abide by all local, state and federal guidelines or laws.

FOR ADULT PARTICIPANTS 18 AND OVER

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

I give permission for my picture to be used by Living River in advertisements and Social Media with no identifying information.

ADULT (18 OR OVER) PARTICIPANT'S SIGNATURE

AGE

DATE

FOR PARENTS/GUARDIANS OF PARTICIPANT(S) OF MINOR AGE (under age 18 at time of registration) This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liability incidents to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law.

I give permission for my child's picture to be used by Living River in advertisements and Social Media with no identifying information.

Parent/Guardian Signature

Date