



ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM

I HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING AND/OR VOLUNTEERING IN ACTIVITIES OR EVENTS AT ASBURY HILLS.

I certify that I am physically fit, have sufficiently prepared or trained for participation in the activity or event, and have not been advised to not participate by a qualified medical professional. I certify that there are no health-related reasons or problems which preclude my participation in this activity or event.

I acknowledge that this Accident Waiver and Release of Liability Form will be used by the event holders, sponsors, and organizers of the activity or event in which I may participate, and that it will govern my actions and responsibilities at said activity or event.

In consideration of my application and permitting me to participate in this event, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:

(A) I WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me including my traveling to and from this event, THE FOLLOWING ENTITIES OR PERSONS: South Carolina United Methodist Camps & Retreat Ministries, Asbury Hills Camp & Retreat Center and/or their directors, officers, employees, volunteers, representatives, and agents, the activity or event holders, activity or event sponsors, activity or event volunteers;

(B) I INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the entities or persons mentioned in this Release form from any and all liabilities or claims made as a result of participation in this activity or event.

I acknowledge that coming to Asbury Hills may involve a test of a person's physical and mental limits and may carry with it the potential for death, serious injury, and property loss. The risks may include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of participants, equipment, vehicular traffic, actions of other people including, but not limited to, participants, volunteers, spectators, coaches, event officials, and event monitors, and/or producers of the event, and lack of hydration. These risks are not only inherent to participants, but are also present for volunteers.

I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident, and/or illness during this activity or event.

I understand that at this event or related activities, I may be interviewed or photographed. I agree to allow my photo, video, or film likeness to be used for any legitimate purpose by the event holders, producers, sponsors, organizers, and assigns.

The accident waiver and release of liability shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I CERTIFY THAT I HAVE READ THIS DOCUMENT, AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.

Print Participant's Name Are you over 18? Yes ☐ No ☐ _____
Date

Participant Signature

PARENT / GUARDIAN WAIVER FOR MINORS (Under 18 years old)

The undersigned parent and/or guardian does hereby represent that he/she is 18 years or older and acting in such capacity, has consented to his/her child or ward's participation in the activity or event, and has agreed individually and on behalf of the child or ward to the terms of the accident waiver and release of liability set forth above. The undersigned parent or guardian further agrees to save and hold harmless and indemnify each and all of the parties referred to above from all liability, loss, cost, claim, or damage whatsoever which may be imposed upon said parties because of any defect in or lack of such capacity to so act and release said parties on behalf of the minor and the parents or legal guardian.

Print Parent/Guardian Name

Date

Signature of Parent or Guardian

PARTICIPANT HEALTH INQUIRY

This form is intended to remind staff and participants of the seriousness of attempting challenge activities with a pre-existing medical condition and to aid our facilitators to best serve you. This information will be confidential.

Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Business Phone: _____

Person to notify in case of accident and/or injury:

Name: _____ Phone Number: _____

Do you have any of the following conditions that might limit your involvement in physical activities?

	YES	NO
● Pre-existing medical conditions (past surgeries).....	<input type="checkbox"/>	<input type="checkbox"/>
● Heart conditions (murmurs, irregular heartbeat, shortness of breath, chest pain).....	<input type="checkbox"/>	<input type="checkbox"/>
● High blood pressure.....	<input type="checkbox"/>	<input type="checkbox"/>
● Asthma.....	<input type="checkbox"/>	<input type="checkbox"/>
● Allergies (food, bees, insects, or medicines).....	<input type="checkbox"/>	<input type="checkbox"/>
● Problems with neck, back, arms, ankles, or knees.....	<input type="checkbox"/>	<input type="checkbox"/>
● Suffer from severe headaches, dizziness, or fainting.....	<input type="checkbox"/>	<input type="checkbox"/>
● Seizures.....	<input type="checkbox"/>	<input type="checkbox"/>
● Diabetes.....	<input type="checkbox"/>	<input type="checkbox"/>
● FOR FEMALES: Pregnancy.....	<input type="checkbox"/>	<input type="checkbox"/>

If yes to any of the above conditions, please explain:

Describe your current level of physical activity:

Participant – please read and sign

I have honestly disclosed to the staff any medical, psychological, or personal information relating to my health. I will remember that a challenge by choice atmosphere exists at all times, and I should not feel pressured to participate.

Signature

Date