

**Mitchell Community Church
Men's Retreat May 16-18, 2024
Camp Chinquapin, Pinecrest CA**

Registration, Accident Waiver and Release of Liability Form

Name _____ Phone _____
Address _____ City _____ Zip _____
Email _____
Parent /Guardian Name (if above is under age 18) _____ Phone _____
Emergency Contact _____ Relationship _____
Insurance Carrier & Policy # _____
Known Allergies we should be aware of _____
Please list Any Medical Conditions we should be of _____
Home Church _____

I, _____ **Hereby assume all of the risks of participating in any/all activities associated with, Mitchell Community Church Men's Retreat at Camp Chinquapin May16-18, 2024**, including by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained, or controlled by them, or because of their possible liability without fault.

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

In consideration of my application and permitting me to participate in this activity, 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 activity, **the following entities or persons: Mitchell Community Church, Camp Chinquapin, CrossPoint Community Church Modesto** and/or their directors, officers, employees, volunteers, representatives, agents, and the activity holders, sponsors, and volunteers;

(B) **Indemnify, Hold harmless, and promise not to sue** the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in this activity, whether caused by negligence of release or otherwise.

I acknowledge that they are NOT responsible for the errors, omissions, acts, or failures to act of any party or entity conducting a specific activity on their behalf. I acknowledge that this activity may involve risks with the potential for death, serious injury, and property loss. The risks include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of participants, equipment, vehicular traffic, lack of hydration or wild animals, and actions of other people including, but not limited to, participants, volunteers, monitors, and/or producers of the activity. 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.

I Understand while participating in this event/activity, I may be photographed. I agree to allow my photo, video, or film likeness to be used for any legitimate purpose by the activity holders, producers, sponsors, organizers, and assigns.

The Accident Waiver and Release of Liability Form 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.

Participants Signature _____

Participants Name (PRINT) **Date**

Parent/Guardian Signature (if participant under 18 years old) **Date**

Parent /Guardian Signature (if participant under 18 years old) **Date**

If registering by mail Please Make Check payable to;

**Mitchell Community Church
1507 S. Mitchell Rd
Turlock. CA 95380**

Attn. Men's Ministries