



Agreement for Waiver and Release, Assumption of Risks & Indemnification

NOTICE: This document affects your legal rights, please read carefully. Handwritten changes to this document are not permitted and will not be honored. This Agreement constitutes the entire Agreement and shall not be modified except via written document, executed by both parties. If any portion of this Agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

Guest Group/Event Name _____

Voluntary Participant Name (print) _____

(If Minor) Parent/Legal Guardian Name (print) _____

06/21

I, the above Participant or the Parent/Legal Guardian of Participant, being above the age of 18, agree as follows:

I acknowledge and understand that certain activities available at CRISTA Camps, including but not limited to: skating, skateboarding, paintball, climbing structures, ropes courses, archery, marksmanship, water sports, horses and dirt bikes are hazardous and dangerous activities that require strenuous exercise and varying degrees of skill and experience. I understand that these activities and other activities conducted at camps may result in serious injury to the person and damage to property, and I voluntarily assume any and all risks of loss, damage or injury while on the premises.

I agree to follow all rules, protocols, procedures and guidelines regarding my presence at camps and participation in camps activities which have been disseminated in written or verbal form. I understand that if I have questions, it is my responsibility to ask for clarification. I understand that my failure to follow the rules may endanger myself and/or others and I agree that my actions in this regard may result in my being asked to depart the premises. I also understand that if I damage the camp facilities, premises, or cause harm in other ways, I may be personally responsible for this damage.

I understand that being around other campers at CRISTA Camps may cause me/my family to be exposed to transmissible illness and/or diseases and I/we accept the risk of illness and death as a result.

Additionally, I acknowledge that there are risks, hazards and dangers of personal injury, death and disability inherent in entering the camp premises, at Miracle Ranch, and participating in, or viewing camp activities. I am aware that the usual risks, hazards and dangers of personal injury, death and disability increase when using certain camping equipment and when other persons, whether of the same or different level or experience or skill, are using the same facilities and equipment.

In consideration for my participation, or for the participation of my child (or the child or minor for whom I represent that I am legal guardian), I hereby release and forever discharge CRISTA Camps and CRISTA Ministries, and their employees, officers, directors, trustees, volunteers and all other persons or entities acting on their behalf (collectively referred to as "CRISTA"), from any and all claims, actions, damages, liabilities, costs or expenses and attorney fees which are related to, arise out of, or are in any way connected to my, my child's, or the minor's (for whom I represent that I am legal guardian) viewing or participation in any camping activities. By signing this Agreement, it is my intention to waive any rights to sue or seek damages from CRISTA; except where injury, death or disability results from CRISTA's gross negligence and except as provided elsewhere in this Agreement.

I further agree to indemnify, hold harmless and defend CRISTA against any and all claims for damages, costs, expenses or attorneys' fees brought by any third party in connection with or arising out of my, or the above-listed participant's involvement or participation. This Agreement shall be effective and binding upon my marital community, estate, heirs, agents, personal representatives, successors and assigns.

Emergency Consent: _____ (voluntary participant's name) may receive emergency and/or routine medical care from a physician or emergency facility if participant's emergency contact-- or if a minor, if participant's parent/guardian(s) are incapacitated or cannot be reached in an emergency.

IF CAMP PARTICIPANT IS AGE 18 OR OLDER, PLEASE SIGN BELOW

I hereby certify that I am over 18 years of age; I have carefully read the foregoing and acknowledge that I understand and agree to all the terms and conditions. I have had the opportunity to ask any and all questions regarding this Agreement and the effect of the same. I am aware that by signing this Agreement, I assume all risks and waive and release certain substantial rights that I have or possess.

Voluntary Participant Signature _____ Date _____

IF YOU ARE UNDER 18, YOUR PARENT OR LEGAL GUARDIAN MUST SIGN BELOW

I represent and warrant that I am the parent or legal guardian of the minor person named above and have read this CRISTA Ministries Agreement in full, have full authority to contract for the minor named above and intend, to the fullest extent permitted by law, to be bound and to cause him/her to be bound by this CRISTA Ministries Agreement. All references in this CRISTA Ministries Agreement to the minor, including pronouns, shall be read to include me, the minor's parent or legal guardian, so that I am bound, individually, to all provisions of this CRISTA Ministries Agreement and Release binding the minor person named above. In consideration of _____'s (print minor's name) ("Minor") participation in voluntary Camps activities including the use of Camps equipment and facilities, I further agree to indemnify, defend and hold CRISTA harmless from any and all claims which are brought by, or on behalf of Minor and which are in any way connected with such use or participation by Minor.

Parent/Legal Guardian Signature _____ Date _____
(on behalf of marital community)