



LIABILITY RELEASE

RETREAT, RELAX, RECHARGE

It All Starts Here...

1. If there are existing medical limitations, including allergies, which would affect or limit your or your child's participation in any retreat activity, or of which medical personnel should be made aware of, please indicate below. Without such notice, it will be assumed that you or your child is physically fit and mentally capable of participation in all activities.

Medical conditions and/or special instructions are: _____

Please check any of the following activities in which you or your child are **NOT** to participate:

- | | |
|--|-------------------------------------|
| <input type="checkbox"/> Team Challenge Course | <input type="checkbox"/> Swimming |
| <input type="checkbox"/> Football | <input type="checkbox"/> Volleyball |
| <input type="checkbox"/> Canoeing/Pedal Boat | <input type="checkbox"/> Basketball |

Other activities and/or athletics (Please specify): _____

2. El Shaddai Retreat Center and (Name of sponsoring organization): _____ including employees, volunteers, and representatives of the aforementioned organizations shall be held harmless from any suits, actions, damages, or claims at law or otherwise, resulting from or arising out of any injury, accident, illness, or death which may befall (Name of retreatant): _____ and/or his/her property while staying at El Shaddai Retreat Center. If the retreatant is a minor, this covenant is applicable to them and their parents and/or guardian.
3. The undersigned parent or guardian hereby authorizes sponsor, sponsors, agent, or employee to take such action as may be necessary for the medical care or treatment including the administration of medication, performing surgery, or such other action as needed in the event of injury or illness of retreatant when parent or guardian cannot be reached for authorization. In the event the above authorized individual(s) refuse or are not able to act, El Shaddai Retreat Center personnel are authorized as set forth above. This authorization may be presented to medical personnel without liability of said personnel to seek further authority.

Medical Insurance Company Name: _____ Policy Number: _____

Home Address: _____

Phone Number: _____ Emergency Phone: _____

Signature: _____ Date: _____

If retreatant is under 18, parent or guardian must fill out the following:

Printed Name: _____ Signature: _____ Date: _____