**TMCC HS Retreat Liability Waiver**

Each individual participant (or authorized guardian, if minor) must read and sign this release of liability prior to participating in the Youth High School winter retreat as a part of Ten Mile Community Church youth group.

In order to participate, I understand, agree and acknowledge that there is risk of injury from these activities and/or from the equipment involved.

I freely assume all such risks, both known and unknown, and assume full responsibility for my participation and safety.

I, for myself, and on behalf of my heirs, assign, personal representatives and next of kin hereby release

Ten Mile Community Church from any and all liability for injury, disability,

death, loss or damage to personal property.

I acknowledge, understand and agree that I have read this release of liability and assume all risk associated with participating and sign this release of liability voluntarily and without inducement.

Youth Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age\_\_\_\_\_\_\_\_ Date of birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City\_\_\_\_\_\_\_\_\_\_\_\_\_\_State\_\_\_\_\_\_\_ Zip\_\_\_\_\_\_\_

Telephone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Player’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

All participants under the age of 18 at the time of the event must have a parent or guardian sign below.

I hereby certify that I am the parent or guardian with legal responsibility for the above-signed participant and agree to his/her participation and release Ten Mile Community Church from any and all liability for injury, disability, death, loss or damage to personal property. I acknowledge that I have read this release of liability in its entirety and assume all risks for the above-named minor and release voluntarily and without inducement.

Parent/Guardian Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Printed Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_