



Fall Retreat, November 14-16, 2025
Camp Cho-Yeh & Conference Center
2200 S Washington Ave, Livingston, TX 77351
Participation Agreement and Waiver

I acknowledge that travel to/from and participation in the First Colony Church of Christ's Fall Retreat ("the Retreat") at **Camp Cho-Yeh & Conference Center, 2200 S Washington Ave, Livingston, TX 77351, November 14-16, 2025**, involves risk to the participant (and to the participant's parents or guardians, if the participant is a minor), and may result in various types of injury including, but not limited to, the following: sickness, bodily injury, death, emotional injury, personal injury, property damage, and financial damage.

I represent that the participant is in good health and in proper physical condition to participate in the Retreat. I agree that I am responsible for determining whether participant is sufficiently fit and healthy enough to participate in the Retreat, and that I will take due regard and responsibility for participant's safety and well-being during participation in the Retreat.

In consideration for the opportunity to travel to/from and participate in the Retreat, the participant (or parent/guardian if the participant is a minor) acknowledges and accepts the risks of injury associated with travel and participation in the Retreat. The participant (or parent/guardian) accepts personal financial responsibility for any injury or other loss sustained during the Retreat as well as for any medical treatment rendered to the participant that is authorized by First Colony Church of Christ or its agents, employees, volunteers, or any other representatives (collectively referred to as the "sponsor"). FURTHER, THE PARTICIPANT (OR PARENT/GUARDIAN) RELEASES AND HEREBY AGREES TO INDEMNIFY, DEFEND, AND HOLD HARMLESS THE SPONSOR FROM AND AGAINST ANY AND ALL CLAIMS FOR ANY INJURY ARISING DIRECTLY OR INDIRECTLY OUT OF THE DESCRIBED ACTIVITY, WHETHER SUCH INJURY ARISES OUT OF THE NEGLIGENCE OF THE SPONSOR, THE PARTICIPANT, OR OTHERWISE.

_____ (Parent/Guardian Signature) I hereby certify that the participant (or parent/guardian if the participant is a minor) has personal health insurance which will provide coverage while participating on the Retreat.
PROOF OF INSURANCE IS REQUIRED AND MUST BE ATTACHED TO THIS FORM.

The participant (or parent/guardian) grants permission to use the participant's photo for First Colony Church of Christ publicity and publications, including, but not limited to, its website, Facebook page, and printed material.

If a dispute over this agreement or any claim for damages arises, the participant (or parent/guardian) agrees to resolve the matter through a mutually acceptable alternative dispute resolution process. If the participant (or parent/guardian) and the sponsor cannot agree upon such a process, the dispute will be settled by legally binding arbitration in accordance with the *Rules of Procedure for Christian Conciliation* of the Institute for Christian Conciliation, a division of Peacemaker Ministries (hereinafter the "Rules"). The complete text of the Rules may currently be obtained by accessing www.HisPeace.org. Judgment upon an arbitration decision may be entered in any court otherwise having jurisdiction.

Participant's Name (Please Print): _____

Signature of Participant: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____
(If the Participant is a minor)

281.980.7070

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