Youth Retreat Leader (age18 years and older) Release Form

Address: City: State: Zip: Phone: Email: Church: Phone: State: All Decays & Waiver of Liability Agreement/Medical & Media Release & Waiver of Liability Agreement/Medical & Media Release I have chosen to allow myself/my child/my family members to attend the Shamineau Ministries programs in part be they offer. I understand and acknowledge that participation in the everyday camp activities offered by Shamineau limited to rock climbing, hiking, high and low ropes course elements, riflery, shotguns, paintball, horseback riding, mountain boarding, skateboarding and rollerblading, climbing the artificial indoor climbing wall) entails risks both k of negligence which could result in serious physical or emotional injury, paralysis, and/or death, or damage to the participation in the development of the participation in the serious physical or emotional injury, paralysis, and/or death, or damage to the participation in the property loss and/or bodily injury including but not limited to the weather and elements, equipment manufacturer's malfunct and abilities. I hereby release and discharge, indemnify and hold harmless to the fullest extent permitted by law, SI directors, employees, agents, volunteers and assigns from any and all liability, claims, demands, costs and expense whatsoever arising out of or in any way connected with any property loss and/or bodily injury including death and/myself/my child/my family members' participation in Shamineau Ministries activities. I hereby authorize the Shami medical treatment for myself/my child/my family members if necessary. I am aware that photos/videos may be increased by a factors and supplements at camp and I further authorize the camp to use these for Shamineau promotional purposes. I have read this release of liability and assumption of risk agreement fully, understand its terms, understand that I by signing it and sign it freely and voluntarily without any inducement. It is also my responsibility to report any per could impact participation by myself or family members, a		Individual covered by this release:
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Adult Signature Date Print Signature	e Shamineau Ministries programs in part because of the camp activities day camp activities offered by Shamineau Ministries (including but not ery, shotguns, paintball, horseback riding, water sports and activities, all indoor climbing wall) entails risks both known and unknown, regardless paralysis, and/or death, or damage to the participant, to property, or to be eliminated without jeopardizing the essential qualities of the activity mese activities may be increased by factors beyond the control of ents, equipment manufacturer's malfunction and a participant's fitness is to the fullest extent permitted by law, Shamineau Ministries, its officers coility, claims, demands, costs and expenses, and causes of action and/or bodily injury including death and/or disability arising from the sactivities. I hereby authorize the Shamineau Ministries staff to secure I am aware that photos/videos may be taken of myself/my child/my or Shamineau promotional purposes. The control of the camp activities of the camp activities and the secure I am aware that photos/videos may be taken of myself/my child/my or Shamineau promotional purposes. The control of the camp activities of the activities and the secure I am aware that photos/videos may be taken of myself/my child/my or Shamineau promotional purposes. The control of the camp activities of the activities and activities of the activities and activities of the activity of the activities of the activity of the activities of the activity of the activity of the activity of the	I have chosen to allow myself/my child/my family members to a they offer. I understand and acknowledge that participation in limited to rock climbing, hiking, high and low ropes course elem mountain boarding, skateboarding and rollerblading, climbing to finegligence which could result in serious physical or emotionathird parties. I understand and acknowledge that such risks simulative for understand and acknowledge that the risk of harm inh Shamineau Ministries, including but not limited to the weather and abilities. I hereby release and discharge, indemnify and holidirectors, employees, agents, volunteers and assigns from any awhatsoever arising out of or in any way connected with any promyself/my child/my family members' participation in Shaminea medical treatment for myself/my child/my family members if numbers are camp and I further authorize the camp to use I have read this release of liability and assumption of risk agreeints by signing it and sign it freely and voluntarily without any inductional impact participation by myself or family members, and, a Adult Signature