

**CULTIVATION MINISTRIES'
LIABILITY WAIVER AND PERMISSION FORM**

Diocese of _____

Parish/School _____

Instructions: A separate copy of this waiver must be completed for each person attending the CULTIVATION MINISTRIES' PEER MINISTRY RETREAT. Each youth must submit a signed form, signed by both the youth and an adult, or the youth will not be permitted to attend the Cultivation Ministries' Peer Ministry Retreat. Because it contains emergency contact information, it is advisable to keep a copy of this signed waiver with an adult from your parish.

By signing this waiver, you agree that you may be giving up legal rights and remedies available to yourself and your family. Read and complete this waiver carefully. If you have questions, contact an attorney.

CHILD'S NAME: _____
PARENT/GUARDIAN'S NAME: _____
HOME ADDRESS: _____
HOME TELEPHONE: _____

A) PARENT/GUARDIAN EMERGENCY CONTACT NAME AND TELEPHONE NUMBERS:

NAME: _____ RELATIONSHIP: _____
HOME PHONE: _____ CELL PHONE: _____

B) IF "A" UNAVAILABLE, ALTERNATE EMERGENCY CONTACT NAME AND TELEPHONE NUMBERS:

NAME: _____ RELATIONSHIP: _____
HOME PHONE: _____ CELL PHONE: _____

Nature of the Event: I understand that the nature of this event is a private peer ministry retreat and training event sponsored by Cultivation Ministries. It will be held at the Timber-lee Christian Center, East Troy, WI from August 16-17, some 300 youth and adults will attend over two days. The content will include prayer, workshop sessions, team building activities, physically active games, and personal reflection time. The retreat will be in session from 8:30am on Saturday to 4:00pm on Sunday.

Nature of Risks: I understand that voluntarily traveling to and attending a retreat of this nature may involve certain risks beyond the reasonable control of Cultivation Ministries', its staff, directors, volunteers and agents in connection with the retreat (Cultivation Ministries' et al.), Timber-lee Christian Center, its staff, directors volunteer and agents (Timber-lee Christian Center et al.), and the Diocese and all parishes participating in it, and their respective officers, directors, volunteers and agents, and chaperones or representatives associated with the retreat ("Diocese et al."), including but not limited to accidents, emergencies, exposure to reckless conduct of other persons, and/or negligence of the Facility's personnel, and that Cultivation Ministries' et al., Timber-lee et al., and the Diocese et al. disclaim any and all responsibility for any such risks. During any break in the retreat there may be an opportunity to participate in recreational or other activities not part of the retreat, participants do so at their own risk and subject to all terms and conditions set by any recreational or other provider.

Waiver of Liability/Hold Harmless: By signing this liability waiver, I agree and acknowledge that I may be giving up important legal rights and remedies available to myself, my family, my heirs, successors, and assigns. For value received, I agree on behalf of myself, my child's other parent if known or living, my child named herein, and our heirs, successors, and assigns ("Our Behalf") that I assume all risks and waive any liability of any nature whatsoever against and agree to hold harmless Cultivation Ministries' et al., Timber-lee Christian Center et al. and the Diocese et al. with respect to any and all actions, claims or demands that may be made or brought on Our Behalf against Cultivation Ministries et al., Timber-lee Christian Center et al., and/or the Diocese et al. arising out of or in connection with my child's travel to or attendance at the retreat, or any other activity my child may engage in while in transport there.

Further, for value received, for any injury to third parties that may arise because of my child's actions or omissions, I agree to hold harmless and defend Cultivation Ministries et al., Timber-lee Christian Center et al., and the Diocese et al. with respect to any and all actions, claims, expenses or demands arising there that may be made or brought against Cultivation Ministries et al., Timber-lee Christian Center and/or the Diocese et al., including but not limited to reasonable attorneys' fees and expenses arising in connection therewith.

OVER--THIS FORM CONTINUES ON THE NEXT PAGE.

LIABILITY WAIVER AND PERMISSION FORM - continued

Medical Permissions (Limited): As a condition attending the retreat at Timber-lee Christian Center, I grant permission in the event of an emergency or accident for emergency medical care to be administered to my child within the Facility and/or during or after transportation to a hospital or doctor for emergency medical care. I further understand that it is not Cultivation Ministries et al. responsibility to attempt to reach my child’s emergency contacts and that I remain responsible for my child’s medical expenses.

Code of Behavior:

Parent/Guardian:

I agree to instruct my child to abide by all rules and regulations as outlined in the Participant Code of Conduct (the "Code") I understand that if I have not heretofore seen the Code, it is my duty to seek a copy of the Code and to have reviewed it and explained it to my child prior to signing this waiver. I agree that if my child fails to abide in any way by the Code, that my child can be dismissed from the retreat and sent home immediately at my expense for the immediate transportation home with no right of reimbursement or refund for any amount in connection therewith from Cultivation Ministries et al.

Initials of Parent/Guardian _____

Youth: As a participant in the Conference, I understand and agree to conform to the Code. I also understand and agree that my parent/guardian will be notified at the time of any infractions requiring my dismissal from the retreat and that I will be sent home at my parent's/guardian's expense. Among other things, being found with any alcoholic beverages, drugs or weapons is cause for automatic dismissal from the Conference.

Initials of Youth _____

Medical Information

Pertinent information about allergies or health problems, present medication and dosage which your child may be taking and any other information that will enable the adult leaders to obtain safe medical treatment for your teen:

My teen’s last tetanus shot was _____ (date)

Insurance Information

Policy in the name of: _____
Insurance Company Name: _____
Policy Number: _____
Parent’s ID or Social Security Number: _____
Teen’s Social Security Number: _____

Video/Photography

I consent to being photographed (by video photography or still photography and with or without sound track) and interviewed and waive all rights relating to production, acquisition, sale, usage and distribution of such material, in any form, worldwide;

I fully understand the consequences of and sign this LIABILITY WAIVER AND PERMISSION knowingly, freely, and willingly.

Signature of Parent or Guardian/Date _____

Signature of Youth/Date _____