

Adult Retreat Indemnity Waiver

I, the undersigned, acknowledge that my participation in the retreat is voluntary. I understand that participation may involve physical activity and the normal risks associated. I hereby release, indemnify, and hold harmless the event organizers, their affiliates, agents, and employees from any and all liability, claims, demands, injuries, damages, or causes of action arising out of or related to my participation in the retreat.

Participant Information

Full Name

Date of Birth

Phone Number

Address

Emergency Contact Name & Phone

Relevant Medical Conditions (if any)

Consent & Waiver

I have read and fully understand this indemnity and waiver, and I agree to abide by all rules and instructions as stipulated by the event organizers. I certify that I am physically fit and sufficiently prepared to participate. In the event of an emergency, I authorize medical treatment deemed necessary.

☐ I certify that I agree to the terms and conditions above.

Participant Signature:

Date:
