

Pursuit Ministries LLC

1200 Nightingale Road
Cloudland, Georgia 30731
E-mail: Travis@pursuitministries.com

Acknowledgement of Risk and Permission to Treat

I the undersigned participant do hereby acknowledge that rock climbing, caving, hiking, backpacking, camping, team building activities and other outdoor activities are potentially dangerous and may result in serious injury, paralysis or death. By signing this release, I, the undersigned participant, release on behalf of myself, my heirs, representatives and executors, Pursuit Ministries, it's owners, shareholders, officers, employees and agents from any cause of action, claims, or demands of any nature whatsoever (except for gross negligence and willful misconduct) on account of personal injury, property damage, death or accident of any kind, arising from my participation in a Pursuit Ministries program. I hereby certify that I have full knowledge of the risks associated with the above mentioned activities and that I am voluntarily assuming those risks. I understand that I will be solely responsible for any loss or damage including but not limited to, death or paralysis that I may sustain while participating in a Pursuit Ministries program. And that by signing this agreement, I am relieving Pursuit Ministries, its owners, shareholders, officers, employees and agents of any and all liability for such loss, damage or death.

I further certify that I am in good health and that I have no physical limitations that would preclude my safe participation in a Pursuit Ministries program. I certify that all current and past medical conditions and medications are listed below and that the medical insurance policy listed is current and valid.

I understand that the terms of this agreement are legally binding and I certify that I am signing this agreement, after having carefully read it, of my own free will.

Signature of Participant

Date

In addition, I hereby consent to the use of videotapes, photographs, slides, audiotapes, or any other visual or audio reproduction in which I may appear from this youth event. I understand that these materials may be used for promotion of Pursuit Ministries, which includes recruitment and fundraising efforts to further the Gospel. I release Pursuit Ministries, their directors, officers, employees, adult volunteer youth counselors, and agents from any liability connected with the use of my picture or voice recording as part of their promotional, recruitment, or fund-raising programs.

Signature of Parent or Guardian

Date

CONTINUED ON BACK!!

Printed Name: _____ Age: _____ DOB: _____

Parent Names: _____

Home/Cell Phone Numbers: _____

Street Address: _____

City, State & Zip: _____

Emergency Contact Name for day of event: _____

Additional Contact Phone Numbers (home, work, pager, cellular, etc.): _____

Medical Information to be filled out by ALL participants:

In the event that I am unable to answer for myself, I give permission for a physician secured by the Pursuit Ministries Staff to hospitalize, secure anesthesia, order injection, or perform emergency surgery on me as required.

Signature of Participant Date

Medical Insurance Company Name: _____

Phone Number: _____

Policy Number: _____

Name of Policy Holder: _____

Family Doctor and Phone Number: _____

Please list any current or past medical conditions or medications you are currently taking or have taken in the past that we should be aware of. Please include any known allergies:

If participant is under 18 years old - Parent/Guardian please read and sign:

I, as parent or guardian of the above minor under 18 years of age, hereby consent to the terms and conditions set forth in this waiver of liability and covenant not to sue. I also give permission for a physician secured by the Pursuit Ministries staff to hospitalize, secure anesthesia, order injection, or perform emergency surgery as required for the above mentioned minor.

Signature of Parent or Guardian Date