Assumption of Risks and Agreements of Release and Indemnity

Mirror Lake Retreat

Name: _____ Date of Birth _____ Sex (Please Circle): Male   Female

Address _____

Name of Insurance Carrier: _____

Best Phone Number(s) _____

Assumption of Risks, and Agreements of Release and Indemnity

In consideration of the services of Mirror Lake Retreat in offering outdoor program activities, I agree as follows: Assumption of Risks: I acknowledge that I understand the activities in which I will be participating, and their risks. I understand that the risks are inherent in the activities – that is they cannot be eliminated without changing the nature and value of the experience. I voluntarily assume all such risks, inherent and otherwise, and whether or not they are described above.

Release and Indemnity:

I agree to release and hold harmless Mirror Lake Retreat, its owners, staff members and Board of Directors (Released Parties) with respect to any and all claims which I may now have or acquire in the future**, including claims of negligence (but not of gross negligence or intentionally wrongful conduct)**, arising in any way from my enrollment or participation in Mirror Lake Retreat activities.

I further agree to protect and indemnify (that is, defend and pay any judgments, costs, and attorney's fees) Mirror Lake Retreat and the other Released Parties from any claim**, including a claim of negligence of a Released Party (but not of gross negligence or intentionally wrongful conduct)** asserted by any third party, including (but not limited to) rescuers, other participants in the activities of Mirror Lake Retreat and members of my family, arising from injuries or other losses either suffered by or caused by me in connection with my enrollment or participation in an activity of Mirror Lake Retreat.

Other: In the event of illness or injury, consent is hereby given to provide emergency medical care, hospitalization or other treatment, which may become necessary

Participant Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____
(If Participant is under 18 years of age)