

CHRISTIAN RETREAT FAMILY CHURCH
Adult Consent and Release Form for Youth Explosion 2010

I, _____, the undersigned, being __ years of age, hereby consent to participating in the activities connected with the 2010 Youth Explosion "OCCUPY" camp, an activity sponsored by Christian Retreat Family Church from July 12, 2010 through July 17, 2010. I certify that I am able to participate in these activities, including extreme sports, swimming, and canoeing, mud pit (unless otherwise indicated). If I have medical conditions, which may be relevant to a physician in the event of an emergency, I have listed them below. In the event an emergency occurs, my emergency contact may be reached at the telephone number listed below. If they cannot be reached within a reasonable period of time, I hereby authorize the event sponsor, _____, to make emergency medical decisions for me. If there are any activities I do not want to be involved in, I have listed them below.

I UNDERSTAND AND HEREBY AGREE TO ASSUME ALL OF THE RISKS WHICH MAY BE ENCOUNTERED ON SAID ACTIVITIES, INCLUDING ACTIVITIES PRELIMINARY AND SUBSEQUENT THERETO. I do hereby agree to hold Christian Retreat / Gospel Crusade, Inc. and its agents and employees, harmless from any and all liability, actions, causes of actions, claims, expenses, and damages on account of injury to me or my property, even injury resulting in death, which I now have or which may arise in the future in connection with the activity or participation in any other associated activities.

I expressly agree that this release, waiver, and indemnity agreement is intended to be broad and inclusive as permitted by the law of the State of Florida and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. This release contains the entire agreement between the parties hereto, and the terms of this release are contractual and not a mere recital.

I further state that **I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF AND I SIGN THIS RELEASE AS MY OWN FREE ACT.** This is a legally binding agreement which I have read and understand.

Medical Conditions to Be Aware of: _____

Physical Restrictions: _____

Instructions and Medications: _____

Date of Last Tetanus or Booster: _____

I Do Not Wish To Participate In The Following: _____

Telephone Numbers Where an Emergency Contact May Be Reached in an Emergency (please include area code):

Work: _____ Home: _____ Mobile: _____

Signed: _____ Date: _____

STATE OF _____ COUNTY OF _____

The foregoing instrument was acknowledged before me this __ day of __, 20__ by _____

Signature of Notary Public _____ State of _____

Name of Notary Typed, Printed, or Stamped _____

Personally Known _____ OR Produced Identification _____

Type of Identification Produced _____

(NOTARY SEAL)