

Faith-Based Retreat Excursion Waiver

Participant Information

Full Name

Date of Birth

Phone Number

Email Address

Home Address

Emergency Contact

Contact Name

Relationship

Phone Number

Medical Information

Please list any allergies or medical conditions

Medication Currently Taken

Waiver & Release of Liability

I acknowledge that my participation in the faith-based retreat excursion is voluntary and that I assume all risks associated with my involvement, including but not limited to personal injury, illness, or property damage. I release the organizers, leaders, and sponsors from any liability for any damage or injury that may occur during the event. I understand that it is my responsibility to disclose any relevant medical information, and that I am responsible for my own health and safety during the retreat.

By signing below, I indicate that I have read, understood, and agree to the terms outlined above.

Participant Signature

Date

If participant is under 18 years of age, a parent or guardian must complete the following:

Parent/Guardian Name

Parent/Guardian Signature

Date