



Florida Conference Youth and Young Adult Department

AFFIRMATION AND LIABILITY RELEASE
(Read carefully before signing)

(Participant's Name—Please Print, if under 18, a parent/guardian must also sign)

I/WE, _____, hereby affirm that I/we have been completely informed of the inherent hazards of outdoor education activities.

I/we understand that while these activities, as set forth below (hereinafter referred to as "Activities"), may not particularly hazardous when pursued carefully by properly trained and experienced participants, such activities may occur in a hazardous environment. The hazards can be diminished by the development of skills and knowledge acquired through training and experience. Therefore, I specifically agree to listen to all instruction and obey any safety requirements directed by the Activity Sponsors, and staff Members of Florida Sports Ministry. I/we hold Florida Sports Ministry and Florida Conference of SDA, Southern Union of SDA, North American Division and the General Conference or any agent thereof (hereinafter referred to as "RELEASEES") free from any and all liability and do hereby for myself, my heirs, executors, and administrators, waive, release and forever discharge any and all rights and claims for damages which may hereafter accrue to me arising out of or connected with my participation in such Activities and in addition, do give specific authorization to the Staff to authorize hospital medical treatment for any activity-related, injury or illness should such occur during the course of my participation.

Further, I/we understand that these Activities involve certain risks and that injuries can occur that require treatment in a medical facility. I/we further understand that the Florida Sports Ministry program trips and Activities may be conducted at a site that is remote, either by time or distance or both, from such a medical facility, and nonetheless agree to proceed with such activities. I/we still wish to proceed with the Activities in spite of the possible absence of a medical facility in proximity to the activity site. Further, I/we understand that the sponsoring organization may or may not have a nurse or other medical professionals available during the Activities. I/we still wish to proceed with the Activities in spite of the possibility that the sponsoring there may not be medical professionals on site to provide medical treatment in the event of injury or illness.

I/we understand and agree that the Staff, Principals and/or Agents, and any activity site and/or facility, will not be held liable in any way for any occurrence in connection with these Activities that may result in injury, death, or other damages by me or my family, heirs, or assigns, and in consideration of being allowed to participate in these Activities. I hereby personally assume all risks in connection with said Activities, for any harm, injury or damage that may befall me while I am a participant in the Activities, including all risks connected therewith, whether foreseen or unforeseen; and further to save and hold harmless said program and persons from any claim by me, or my family, estate, heirs, or assigns, arising out of my participation in these activities. (If signed by a parent or guardian) I as the parent and/or guardian agree to hold the Staff, Principals and/or Agents harmless and agree to indemnify said Staff, Principals and/or Agents for any damages, including attorney fees, and defend said Staff, Principals and/or Agents from any claim that my child and/or ward may bring against the Staff, Principals and/or Agents as a result of their participation in the Activities.

I/we further state that I am of lawful age and legally competent to sign this affirmation and release, or that my parent(s) or guardian(s) have also agreed by executing this agreement; that I/We understand terms herein are contractual and not a mere recital; and that I have signed this document of my own free act.

It is the intention of _____ by this instrument to exempt and release
(Name—Please Print)

Florida Sports Ministry, other Sponsors, Staff Members, and Florida Conference of SDA, Southern Union of SDA, North American Division of SDA and the General Conference of SDA and/or any activity site and/or facility from all liability whatsoever for personal injury, property damage, or wrongful death caused by negligence for the following activities from said date October 1, 2017 to April 29, 2018.

(Please initial the following activities in which you/your legal guardian exempt and release all liability.)

- | | | | |
|--|----------------------------------|--|-------------------------------------|
| <input type="checkbox"/> Backpacking | <input type="checkbox"/> Caving | <input type="checkbox"/> Hiking | <input type="checkbox"/> Dodgeball |
| <input type="checkbox"/> Mountain Biking | <input type="checkbox"/> Rafting | <input type="checkbox"/> Rock Climbing | <input type="checkbox"/> Soccer |
| <input type="checkbox"/> Walking | <input type="checkbox"/> Biking | <input type="checkbox"/> Jogging/Running | <input type="checkbox"/> Basketball |

EACH OF THE ABOVE SPECIFIC ACTIVITIES MAY BE HAZARDOUS. SUCH SPECIFIC RISKS ARE SET FORTH ON ADDENDUM 1 WHICH IS ATTACHED HERETO AND INCORPORATED HEREIN

I HAVE FULLY INFORMED MYSELF OF THE CONTENTS OF THIS AFFIRMATION AND RELEASE BY READING IT BEFORE I SIGNED IT.

Signature _____ Age _____

Address _____

Email _____

Signature of parent or guardian (if applicable) _____

DATE: _____ Witness _____

CHURCH NAME _____