RELEASE OF LIABILITY AND ASSUMPTION OF RISK

Group Title:		Event Dat	e/s:		
Participant Name:		Age:			
Address:					
City:	State:	Zip:	Phone: ()		
Health/Accident Insurance Name a	and Policy #:				
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Adventure Programs of the Baltimore-Washington Conference of the United Methodist Church ("BWCUMC") Retreat and Camping Ministries ("RCM") involve a variety of activities that often include warm-ups, games, archery, aerial park, boating, climbing wall, flying squirrel, giant swing, hiking, high ropes, low ropes, pamper pole, swimming, teambuilding activities, zipline, bungee trampolines, and other rigorous physical adventure activities. The level of participation in an activity is at all times completely up to the individual's choice. The participant's health and accident insurance provides the primary coverage for participants. BWCUMC Retreat and Camping Ministries reserves the right to refuse services to those persons not covered by health and accident insurance.

The individual named below (referred to as "I" or "me") desires to participate in Adventure Programs (the "Activities") of the BWCUMC Retreat and Camping Ministries (the "Company"). As lawful consideration for being permitted by the Company to participate in the Activity and the intangible value that I will gain by participating in the Activity, I agree to all the terms and conditions set forth in this agreement (this "Agreement").

I do hereby understand, acknowledge and agree that my or my minor child's participation in the Activities and level of challenge in any Activity is purely voluntary.

I am aware and understand that the activities involve the risk of serious injury and/or death and/or property damage. I am aware that the physical exertion required of the activities and the forces exerted on the body can activate or aggravate pre-existing physical injuries, conditions, or congenital defects. I acknowledge that my mental and physical health are in a condition compatible with participating in the activities and that I should seek medical advice if I know or suspect that my condition may be incompatible with the activities. I acknowledge that I am voluntarily participating in the activities with knowledge of the danger involved and hereby agree to accept and assume any and all risks of injury, death or property damage, whether caused by the negligence of the company or otherwise.

I hereby expressly waive and release any and all claims, now known or hereafter known in any jurisdiction throughout the world, against the Company, and its officers, directors, employees, agents, affiliates, members, successors and assigns (collectively, "Releasees"), on account of injury, death, property damage or other claim arising out of or attributable to my presence or participation in the Activities, whether arising out of the negligence of the Company or any Releasees or otherwise. I covenant not to make or bring any such claim against the Company or any other Releasee, and forever release and discharge the Company and all other Releasees from liability under such claims.

I shall defend, indemnify and hold harmless the Company and all other Releasees against any and all losses, damages, liabilities, deficiencies, claims, actions, judgments, settlements, interest, awards, penalties, fines, costs, or expenses of whatever kind, including reasonable attorney fees, costs of enforcing any right to indemnification under this Agreement and costs of pursuing any insurance providers, incurred by indemnified party arising out of or resulting from any claim of a third party related to the Activities.

This Agreement constitutes the sole and entire agreement of the Company and me with respect to the subject matter contained herein and supersedes all prior and contemporaneous understandings, agreements, representations and warranties, both written and oral, with respect to such subject matter. If any term or provision of this Agreement is invalid, illegal or unenforceable in any jurisdiction, such invalidity, illegality or unenforceability shall not affect any other term or provision of this Agreement or invalidate or render unenforceable such term or provision in any other jurisdiction. This Agreement is binding on and shall inure to the benefit of the Company and me and their respective successors and assigns. All matters arising out of or relating to this Agreement shall be governed by and construed in accordance with the internal laws of the State of Maryland without giving effect to any choice or conflict of law provision or rule (whether of the State of Maryland or any other jurisdiction). Any claim or cause of action arising under this Agreement may be brought only in the federal and state courts located in Howard County, Maryland and I hereby consent to the exclusive jurisdiction of such courts.

BY SIGNING, I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTOOD ALL OF THE TERMS OF THIS AGREEMENT AND THAT I AM VOLUNTARILY GIVING UP SUBSTANTIAL LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE THE COMPANY.

Participant Signature	Date		Printed Name			
FOR MINORS: I am the parent and, by signing below, I hereby consent to the minor's participation as provided above and hereby meassumption and indemnity descriminor, and our heirs, assigns, per rights, and the rights of any other the minor's presence or partic AUTHORITY TO MAKE THE Releasees for all liability arising of the significant of the minor's presence or partic AUTHORITY TO MAKE THE Releasees for all liability arising of the significant o	do consent to the terms on in the Activities and a take and enter into each ibed above on behalf of sonal representatives, ar parent or guardian to m ipation in the Activitie (SE WAIVERS AND R	and condition agree to the Re and every rep myself, the m and next of kin. aintain any cla es. I believe RELEASES, an	lease of Liability and Astresentation, certification inor, any other parent of I agree to give up my rim or suit against Release and represent that I and I agree to indemnifi	ability and hereby ssumption of Risk n, waiver, release, or guardian of the rights, the minor's sees arising out of HAVE LEGAL by and defend the		
Signed		Date				
Printed Name of Parent or Legal	Guardian					
Address		City	State	Zip		
PHOTO RELEASE I hereby sound recording ("Media") of a understand and authorize Compa Twitter, YouTube, Instagram, consideration. I acknowledge Coreserves the right to discontinue to	me or my minor child my to use this Media on and Pinterest, etc. as ompany's right to crop or	for any legiti websites and well as other treat the Med	mate business or chari social media platforms a er printed publications	itable purpose. I such as Facebook, s without further		
Photo Release Approval	Yes:	No:				
Participant/Parent or Guardian Si	gnature I	Date	Printed Name			