

# ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM

Intensive Retreat

by Christian Counseling Center (CCC): For Sexual Health & Trauma

Event Name: Intensive Retreat by CCC

Event Location: Brevard, North Carolina.

I, \_\_\_\_\_, do hereby enter into this agreement on  
(participant name)

\_\_\_\_\_ (date) with the CCC, in consideration for the opportunity to participate in the Intensive Retreat, hereinafter referred to as "The Intensive". I hereby knowingly, willingly, and without force or coercion, enter into this on behalf of myself, my heirs, executors, next of kin, and assigns.

I certify that I am physically fit to participate in the Intensive activities and have not been advised by a qualified medical professional of any health issues. I certify that there are no health-related reasons or problems which preclude my participation in this activity or event.

I acknowledge that this Accident Waiver and Release of Liability Form will be used by the event holders and organizers of the intensive and that it will govern my actions and responsibilities at the intensive.

In consideration for my application and permission to participate in the Intensive, I hereby bind myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:

(A) TO WAIVE, RELEASE, AND DISCHARGE Christian Counseling Center and all parties in connection with the Intensive, from any and all liability, including, but not limited to, liability arising from the negligence or fault of the persons released, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me including my traveling to and from this event.

(B) TO INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the entities or persons mentioned in the previous paragraph from any and all liabilities or claims made as a result of participation in The Intensive, whether caused by the negligence of releasee or otherwise.

I acknowledge that some activities during the Intensive may involve the test of a person's physical and mental limits and may carry with it the potential for death, serious injury, and property loss. The risks may include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of participants, equipment, vehicular traffic, lack of hydration and actions of other people including, but not limited to, participants and employees of the CCC.

I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident, and/or illness during the Intensive.

The accident waiver and release of liability shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I CERTIFY THAT I HAVE READ THIS DOCUMENT, AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.

\_\_\_\_\_

participant printed name

\_\_\_\_\_ participant signature & date