

RELEASE OF ALL CLAIMS



*A place of God's provision for you
to come and rest in His arms,
experience His comfort and be
reminded of His purpose for your life
as the salt and light of the earth.*

In consideration of being accepted by Salt Mountain, Inc. for the participation in a Mission Event, I do hereby release, forever discharge and agree to hold harmless Salt Mountain, Inc., its Mission Event Coordinators Teresa and Don Wade, its directors, representatives, agents, leaders, staff and volunteers thereof from any and all liability, claims or demands for personal injury, sickness, or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and/or child-participant while said participant is involved in any trip, event or activity. Furthermore, I hereby assume all risk of personal injury, sickness, death, damage and expense as a result of participation in recreation and work activities involved therein. Further, authorization and permission is hereby given to Salt Mountain, Inc. to furnish any necessary transportation, food and lodging for this participant.

The undersigned further hereby agrees to hold harmless and indemnify Salt Mountain, Inc., its Mission Event Coordinators Teresa and Don Wade, its directors, representatives, agents, leaders, staff and volunteers from any liability sustained by Salt Mountain, Inc. as the result of the negligent, willful or intentional acts of said participant, including expenses incurred attendant thereto.

If the participant is under 18 years of age, we (I) the parent(s) or legal guardian(s) of this participant, and hereby grant our (my) permission for him/her to participate fully in said trip, event and activity and hereby give our (my) permission to take said participant to a doctor or hospital and hereby authorize medical treatment, including but not in limitation to emergency surgery or medical treatment, and assume the responsibility of all medical bills, expenses and related liabilities, if any.

Further, should it be necessary for the participant to return home due to medical reasons, disciplinary action or otherwise, we (I) hereby assume all transportation costs and related expenses thereof.

Please type or print participant information:

Name _____ E:mail _____

Address _____ Telephone (____) ____ - _____

Contact in the event of an Emergency _____ Telephone (____) ____ - _____

Signature of Participant _____ Date _____

If participant is under 18 years of age, the legal guardian or both parents must sign unless parents are separated or divorced in which case the custodial parent must sign.

Father's Name _____ Mother's Name _____

Signature of Father _____ Date _____

Signature of Mother _____ Date _____

Legal Guardian's Name _____

Signature of Legal Guardian _____ Date _____

Parent/Guardian Telephone (____) ____ - _____ Legal Guardian Telephone (____) ____ - _____

- Each participant is responsible for their own expenses both to and from the main gathering place, as well as insurance and any personal needs.
- A donation of \$50 per participant is greatly appreciated and should be paid in advance of your visit.