

**AUTHORIZATION TO PARTICIPATE IN CERTAIN ACTIVITIES
RELEASE AND INDEMNITY (ADULT ON BEHALF OF A MINOR CHILD)**

Please Read Before Signing

I authorize my child to participate in the following activities upon the terms of this agreement (check and initial all that apply):

_____ Mountain Bike Riding

_____ Hiking

_____ Rock Climbing

There are risks involved in this activity and/or activities. Your child need not participate. It is your choice whether your child participates in this activity or these activities and to what level. However, in order for your child to participate at any level in this activity or these activities, you must sign this document, and your signature forever waives your right (and your child's right) to sue Reformed Youth Ministries (and its directors, staff, employees and other contracted parties), for any injury (or death) you or your child may suffer arising out of your child's participation in this activity or these activities.

ACKNOWLEDGMENT OF RISK

I acknowledge that there are risks and hazards involved in any of the activities in which my minor child has chosen to participate. These risks include, but are not limited to: Physical injury, trauma, death, emotional injury, and property damage. These hazards include, but are not limited to: falling from a height of 0 to 50 feet above the ground; falling objects; equipment failure; exposure to the sun; cold and severe weather conditions; uneven or unsuspected road; trail or ground surfaces; contact with animals or insects; interference from other activities in the vicinity; high altitude (above 8000 feet); and rigorous physical activity and exhaustion. The activity or activities in which my minor child has chosen to participate may include intense physical challenges which, aggravated by high altitude conditions, may place unusual demand on my minor child's bodily systems. I acknowledge that this is not an exhaustive list of the risks or hazards my minor child may encounter, and that my minor child may encounter unforeseen situations.

CERTIFICATION OF FITNESS AND MEDICAL INFORMATION

I certify that my minor child is completely healthy (both physically and emotionally) and capable of participating in this activity or these activities. My Medical Information lists any medical conditions of which Reformed Youth Ministries should be aware which may hinder participation by my minor child in the activity selected. **However, I understand that it is solely my responsibility to determine whether there is any medical reason that my minor child should not participate in the selected activity.**

WAIVER OF LIABILITY

In order that my minor child may participate in the activity or activities listed above, I forever waive my right (and my child's right) to sue Reformed Youth Ministries (including its directors, staff, employees and other contracted parties) for any injury (including death) my minor child may suffer arising out of his/her participation in this activity or these activities, including transportation, if any, to and from these activities. I understand that by signing this document, all liability of Reformed Youth Ministries (including its directors, staff, employees and other contracted parties) to me and my minor child for any injuries (including death) my minor child may suffer arising out of my minor child's participation in the activity or activities listed above will be forever extinguished.

INDEMNITY

I agree to indemnify Reformed Youth Ministries and its directors, staff, employees, and contracted parties from any liability, loss or damage resulting from my child's reckless or intentional acts.

I, THE UNDERSIGNED, HAVE READ, UNDERSTAND AND ACCEPT THE TERMS OF THIS ACKNOWLEDGMENT OF RISK/WAIVER OF LIABILITY FORM. I FURTHER ACKNOWLEDGE THAT NO ORAL REPRESENTATIONS CONCERNING THE MEANING OF THIS DOCUMENT HAVE BEEN MADE TO ME AS AN INDUCEMENT TO SIGNING THIS DOCUMENT.

SIGNATURE OF PARENT/GUARDIAN (FOR PARTICIPANTS UNDER 18 YEARS OF AGE)

_____ DATE: _____
SIGNATURE

PRINTED NAME: _____