encounterchurch

ACKNOWLEDGMENT OF VOLUNTARY PARTICIPATION/WAIVER AND RELEASE

Please read entire document prior to signing. If participant is under 18, parent/guardian signature is required.

I hereby acknowledge that I have **voluntarily** chosen to participate in a recreational activity and/or use recreational equipment and recognize that I could get injured engaging in this activity and/or using this equipment. In consideration for Encounter Church allowing me to participate in a recreational activity and/or use recreational equipment, I hereby waive all claims for damage or loss to my person or property, against Encounter Church, including its directors, officers, employees, agents, and subsidiaries or affiliated organizations. Furthermore, I hereby release all the aforementioned parties from liability, claims, demands, costs, charges and expenses incident to any possible damage or personal injuries sustained by me while participating in a recreational activity and/or using recreational equipment.

I voluntarily assume the risk of all dangerous conditions associated with participating in a recreational activity and/or using recreational equipment and waive all specific notices of existence of such conditions. I also assert that I am aware that I should be of sound physical condition and capable of participating in strenuous activities without undue risks before participating in a recreational activity and/or using recreational equipment.

In addition, I promise not to assert against the aforementioned parties any claim or claims that I now have or may have in the future, known or unknown, based on any injury to my person or property as a result of participating in a recreational activity and/or using recreational equipment.

I HAVE READ THIS WAIVER AND RELEASE DOCUMENT AND UNDERSTAND ITS CONTENTS FULLY. I AM SIGNING THIS WAIVER AND RELEASE DOCUMENT VOLUNTARILY.

Participant's Name	Participant's Signature	Date
Parent/Guardian's Name ***(Required if participant is under 18)***	Parent/Guardian's Signature ***(Required if participant is under 18)***	Date
Witness's Name	Witness's Signature	Date