

CAPTIVATING TENNESSEE

PARTICIPANTS NAME: _____ Birth Date _____

HOME ADDRESS: _____

HOME TELEPHONE: _____ CELL PHONE: _____

E-MAIL: _____

A) EMERGENCY CONTACT NAME AND TELEPHONE NUMBERS:

NAME: _____ RELATIONSHIP: _____ HOME PHONE: _____ CELL PHONE: _____

B) IF "A" UNAVAILABLE, ALTERNATE EMERGENCY CONTACT NAME AND TELEPHONE NUMBERS:

NAME: _____ RELATIONSHIP: _____ HOME PHONE: _____ CELL PHONE: _____

Nature of this event:

By registering for this Captivating Tennessee I acknowledge my full and complete agreement to this waiver, I understand that the nature of Captivating Tennessee is both social and spiritual in nature and is open to anyone.

Nature of Risks: I understand that voluntarily traveling to and attending this retreat may involve certain risks beyond the reasonable control of its staff, director, volunteers and agents including but not limited to accidents, emergencies, exposure to reckless conduct of other persons, and/or negligence of any retreat facilities.

Waiver of Liability/Hold Harmless: By registering for this event I accept in full this liability waiver. I agree on behalf of myself that I assume all risks and waive any liability of any nature whatsoever against and agree to hold harmless Daily Audio Bible, it's staff or the staff leading Captivating Tennessee with respect to any and all actions, claims or demands arising out of or in connection with travel to or attendance at the retreat, or any other activity I may engage in while in transport there. Further, for any injury to third parties that may arise because of my actions or omissions, I agree to hold harmless and defend Daily Audio Bible, it's staff or the staff leading Captivating Tennessee.

Medical Permissions (Limited): As a condition attending the various events, I grant permission in the event of an emergency or accident for emergency medical care to be administered within the Facility and/or during or after transportation to a hospital or doctor for emergency medical care. I further understand that in the event of an emergency every effort will be made but it is not the responsibility of Daily Audio Bible, it's staff or the staff leading Captivating Tennessee to reach my emergency contacts and that I remain responsible for my medical expenses.

If you have health insurance please provide this information below

Policy in the name of: _____ Insurance Company Name/Policy Number: _____

I fully understand the consequences of and sign this LIABILITY WAIVER AND PERMISSION knowingly, freely, and willingly. I have had opportunity to consult a legal professional had I desired before signing this waiver.

Signature of Participant

Date