

**Liability Waiver for \_\_\_\_\_**

**DATE:**

*(Please print clearly)*

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

**Emergency Contact**

Name \_\_\_\_\_

Relationship to you \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_

I assert that my participation in this retreat is voluntary and at my own risk.

I understand that my health care is my own responsibility while traveling abroad.

I understand my activities may involve physically strenuous exercise or activities and risk of bodily injury - and with this knowledge hereby release, waive, indemnify and save harmless \_\_\_\_\_ as well as all \_\_\_\_\_ staff, from any liability for all claims, demands, loss, theft and physical or otherwise injuries, illnesses or harm suffered by my person or property arising out of or connected with my participation and/or use of any services, equipment or facilities provided during the \_\_\_\_\_ Retreat.

Initialed: \_\_\_\_\_

I have carefully read and understand the foregoing provisions. By signing below, I hereby certify and acknowledge I understand and agree to be legally bound by the terms and conditions set forth in the specific provisions under which I have signed my initials.

☐ Date \_\_\_\_\_ Signature \_\_\_\_\_

☐ I have obtained travel insurance which covers emergency medical treatment, evacuation, and trip cancellation and I am attaching a copy of the policy.

I choose not to carry travel insurance.