

Participant's Signature #2 (Parent/Guardian for children named above)

PARTICIPANT WAIVER & LIABILITY AGREEMENT

(One form required per household)

Adult 1 (first and last): Child(ren) onsite:			
Child(ren) onsite: Home address: Home phone:	Adult 1 (first and last):		
Home phone: Email: Emergency Contact Name and Number: * I understand that there are risks associated with all recreational activities. In consideration for the privilege to use the facility and/or attend a retreat, my signature indicates that I assume the risk of any injuries that myself or my children (including wards, hereafter as well) may sustain while participating in any activity sponsored or approved by Intentional Intimacy International, Inc. (dba Clear View Retreat - CVR), and for any injuries which myself or my children may sustain while on the premises of CVR located at 149 Scenic Hill Road, Lancing, TN 37770 or in any othe facility utilized by CVR and go, remise, release and forever hold harmless CVR and their trustees, agents, employees, interns, independent contractors and/or volunteers from any actions, suits, damages, claims, or judgments, that ma result from any personal injury that myself and/or my children may sustain while on the premises of the said facility or while using the equipment of CVR, or while engaged in any activities sponsored by CVR. * I also understand that CVR is held harmless and will not issue credit in the event that I or my children, the attendees, cannot attend due to illness, injury, hazardous road conditions, severe storm, flooding, wind, war or othe acts of God or any unforeseen occurrences that could frustrate the whole or any part of this event and/or schedule. * I agree to allow photographs taken of myself and/or my children/wards to be used in any marketing/advertising publications by and for CVR. * I understand that CVR does not provide health and/or accident insurance. I assume full and complete responsibilit for any and all medical and/or dental bills arising out of my or my children's participation in any CVR sponsored activity, and hereby agree to indemnify and hold harmless CVR and its participate in physical activities. * I give permission for CVR and its associates or contracted health care provide to start preliminary treatment and arra	Adult 2 (first and last):		
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** By signing this Waiver and Liability Agreement, I acknowledge that I HAVE READ AND FULLY UNDERSTAND AND AGREE TO ALL OF ITS TERMS AND CONDITIONS INCLUDING PERMISION TO TREAT AGREEMENT. I further state that I have executed this waiver and liability voluntarily and with full knowledge of its significance to be binding on my, my heirs, executors, administrators and assigns. Participant's Signature #1 (Parent/Guardian for children named above) Date	the facility and/or attend a retreat, children (including wards, hereafte Intentional Intimacy International, children may sustain while on the placification of the place of the pla	er as well) may sustain while participating in any activer as well) may sustain while participating in any activer as well) may sustain while participating in any activer. (dba Clear View Retreat - CVR), and for any injupremises of CVR located at 149 Scenic Hill Road, Lan ise, release and forever hold harmless CVR and their ind/or volunteers from any actions, suits, damages, out myself and/or my children may sustain while on the VR, or while engaged in any activities sponsored by Cd harmless and will not issue credit in the event that incess, injury, hazardous road conditions, severe store arrences that could frustrate the whole or any participation of myself and/or my children/wards to be used in the orovide health and/or accident insurance. I assume that bills arising out of my or my children's participation in retreats and activities. The hysically and mentally able to participate in physical associates or contracted health care provide to start my child to a local Emergency Room in the event that lity Agreement, I acknowledge that I HAVE READ AN CONDITIONS INCLUDING PERMISION TO TREAT AGR ility voluntarily and with full knowledge of its significated assigns.	y injuries that myself or my vity sponsored or approved by ries which myself or my cing, TN 37770 or in any other r trustees, agents, employees, claims, or judgments, that may ne premises of the said facility, CVR. I or my children, the m, flooding, wind, war or other of this event and/or schedule. n any marketing/advertising full and complete responsibility on in any CVR sponsored y and all liability associated activities. t preliminary treatment and t I or my child become(s) ill or ID FULLY UNDERSTAND AND EEMENT. I further state that I cance to be binding on my, my

Date