



**PARTICIPANT WAIVER
& LIABILITY AGREEMENT**
(One form required per household)

Adult 1 (first and last): _____

Adult 2 (first and last): _____

Child(ren) onsite: _____

Home address: _____

Home phone: _____ **Cell 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, Lansing, TN 37770 or in any other 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 may 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 other 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 responsibility 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 parties from any and all liability associated with my or my children's participation in retreats and activities.

* I insure that I am or my child is physically and mentally able to participate in physical activities.

* I give permission for CVR and its associates or contracted health care provide to start preliminary treatment and arrange transportation for me or my child to a local Emergency Room in the event that I or my child become(s) ill or injured.

** 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 PERMISSION 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

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

Date