

**GENESIS  
PROJECT**

**ADVANCE RELEASE:**  
**HAZARDOUS ACTIVITES**

NAME OF **PARTICIPANT**, \_\_\_\_\_, referred to as **PARTICIPANT**, and GENESIS PROJECT, PROCLAIMING JESUS MINISTRIES, FLETCHER & WILT FAMILY FOUNDATION, INC. OR ANY OF ITS HEIRS, SUCCESSORS OR ASSIGNS, referred to as **PROVIDER**, agree:

**PROVIDER** offers the following activities, CAMPING, SPORTS, PAINTBALL, WATER SPORTS, CANOEING, PROJECT ACTIVITIES, CANNON BLASTER, CHALLENGE OR OBSTACLE COURSES, KNIFE SKILLS, FIRE MAKING SKILLS, FORGE SKILLS, MOUNTAIN AND OR ROCK CLIMBING, ZIP LINE, HIGH JUMP, RAPPELLING AND ANY OTHER INDOOR/OUTDOOR ACTIVITIES, INCLUDING TRANSPORTATION TO AND FROM ACTIVITIES PROVIDED FOR OR GIVEN BY **PROVIDER**.

The parties agree that:

(a) if **PARTICIPANT** has a condition of concern apart from the norm, such as mental or physical limitations, **PROVIDER** must be contacted prior to acceptance of application of registration and that **PARTICIPANT** agrees these activities are by its nature hazardous and despite the exercise of all due care personal injuries or death may occur in these activities;

INITIAL HERE AS TO paragraph (a) \_\_\_\_\_

(b) that **PROVIDER** has given **PARTICIPANT** a full and adequate opportunity to ask questions and obtain a full and complete explanation of the risks of the activities;

INITIAL HERE AS TO paragraph (b) \_\_\_\_\_

(c) that **PARTICIPANT** understands and accepts all risks associated with the activities of **PROVIDER** and understands and accepts all liability for potential injury or damage which may be sustained by the undersigned for **PARTICIPANT** or property of the same at or in transit to or from any activity offered by **PROVIDER**;

INITIAL HERE AS TO paragraph (c) \_\_\_\_\_

(d) that **PARTICIPANT** authorizes the staff of **PROVIDER** to secure proper medical attention to **PARTICIPANT** as **PROVIDER** deems necessary including the possible need for hospitalization, injection, surgery or any other medical treatment according to the attending physician or other medical professional. **PARTICIPANT** accepts responsibility for payment of expenses incurred as a result of any medical treatment. That **PROVIDER** does not have on staff a licensed, professional medical practitioner and that no medical attention will be given by **PROVIDER** but in case of accident, injury, or obvious distress. **PARTICIPANT** will be taken to a physician or other medical professional as soon as possible.

INITIAL HERE AS TO paragraph (d) \_\_\_\_\_

(e) that **PARTICIPANT** is aware of potential encounters with natural wildlife in the area to include but not limited to bear, wild cat, snakes, deer, elk, cougar, bobcat, dogs, spiders, ticks, bees, poison ivy, sumac, poison oak,

scorpions, centipedes, wild boar, panther and miscellaneous unnamed wildlife and insects. **PARTICIPANT** understands that in no way will the laws of the land be violated in the activities of **PROVIDER**;

INITIAL HERE AS TO paragraph (e) \_\_\_\_\_

(f) that **PROVIDER** assumes no responsibility for accidents, illness, for loss of life, emotional trauma, court costs, nor for loss of personal equipment by accident, fire, theft, weather, or **PARTICIPANT'S** carelessness;

INITIAL HERE AS TO paragraph (f) \_\_\_\_\_

(g) that **PARTICIPANT** understands that **PROVIDER** is a small family foundation and does not provide insurance for **PARTICIPANT**. **PROVIDER** encourages **PARTICIPANT** to obtain an adequate accident or insurance policy prior to attending;

INITIAL HERE AS TO paragraph (g) \_\_\_\_\_

(h) that **PARTICIPANT** is aware that activities, instructions and ministry are faith based and all involvement of **PARTICIPANT** with **PROVIDER** is directly related to Biblical faith-based beliefs. **PROVIDER** does not claim professional psychological or medical practice.

INITIAL HERE AS TO paragraph (h) \_\_\_\_\_

(i) that the **PARTICIPANT**, on behalf of **PARTICIPANT** and the heirs, successors and assigns, herewith releases **PROVIDER** from any and all liability for personal injuries, consortium or other claims arising out of participating in said activities.

INITIAL HERE AS TO paragraph (i) \_\_\_\_\_

**(Please Sign and Date Below)**

NAME OF PARTICIPANT: \_\_\_\_\_

NAME OF LEGAL GUARDIAN FOR MINOR PARTICIPANT: \_\_\_\_\_

DATE: \_\_\_\_\_

**NOTARY:**

STATE OF \_\_\_\_\_ §

§

COUNTY OF \_\_\_\_\_ §

This instrument was acknowledged before me on \_\_\_\_\_, 2011,  
by \_\_\_\_\_, an individual or legal guardian.

\_\_\_\_\_  
(Sign)

\_\_\_\_\_  
(Print Name)

Notary Public in and for \_\_\_\_\_ County, \_\_\_\_\_

My Commission Expires: \_\_\_\_\_