

**Sacandaga Bible Conference
Assumption of Personal Responsibility
Waiver and Release of Liability**

I have chosen to voluntarily participate in a program conducted by Sacandaga Bible Conference. I have read the brochure describing the nature of the specific program for which I am registered. In consideration for the educational benefits and privileges associated with my participation in this program I acknowledge and agree to be bound by the following.

1. **Identification of Risks** - I understand that the SACANDAGA BIBLE CONFERENCE program will be primarily conducted in the outdoors. It will operate in all kinds of weather, in a wide variety of physical settings, and with diverse people. As a result, I further understand that during my participation I may be exposed to unusual risks, hazards and stresses. Camp activities such as, but not limited to, rock-climbing, high ropes, low ropes, outdoor wilderness, paintball, mountain biking, tubing, sledding and water sports are hazardous and may result in property damage or severe, maybe even fatal, injury. Forces of nature such as darkness, heavy rain, lightning, strong winds, extremes of heat and cold, biting insects and animals may independently or in combination with my activities cause a serious accident. Stresses may also result from emotional anxiety, interpersonal conflicts, and homesickness.
2. **Acknowledgement of Risks** - I understand that although the SACANDAGA BIBLE CONFERENCE program has taken reasonable precautions to provide proper equipment, suitable facilities and trained staff, it is impossible to guarantee absolute safety against illness, injury or loss resulting from my participation. I acknowledge the risk inherent in all SACANDAGA BIBLE CONFERENCE'S camp, wilderness and other activities and agree to assume that risk.
3. **Assumption of Personal Responsibility** - I agree that I am responsible for my safety while participating in the SACANDAGA BIBLE CONFERENCE program and I am willing to assume that responsibility. This means that I agree to follow any instructions and directions given me by the SACANDAGA BIBLE CONFERENCE staff, and will seek to act carefully and with good judgment at all times. I also agree to verify with my physician that I have no physical or psychological problems that would prohibit or limit my full involvement. I will submit a current medical exam and inform the SACANDAGA BIBLE CONFERENCE staff in writing of any medical or emotional condition, which may restrict my safe participation in the program. I consent to a search of my personal belongings at any time by camp personnel when they consider it to be interest of the camp well-being and safety. I further authorize the taking and use of photographs and/or video or sound recordings of myself by SACANDAGA BIBLE CONFERENCE for its promotional purposes.
4. **Waiver, Release and Indemnification** - I understand the SACANDAGA BIBLE CONFERENCE program to be a challenging experience with many diverse activities conducted in a rustic camp environment. I am aware of the risks and am willing to assume them. Consequently, I waive, release and discharge any and all claims for damages of death, personal injury or property loss, which I may have as a result of my participation as well as from my own actions in this program. I understand that these injuries and losses might result from the actions, inactions, or carelessness of other participants as well as from my own actions. More specifically, I hereby hold SACANDAGA BIBLE CONFERENCE, or any individual acting in an official or advisory capacity for SACANDAGA BIBLE CONFERENCE, harmless and release and indemnify SACANDAGA BIBLE CONFERENCE and its agents from any liability, claims and costs arising out of an accident or stressful incident during the program, except where caused by the gross negligence or wanton misconduct of any of the released parties. I intend this waiver and release to also apply to any relatives, heirs, next of kin, personal representatives, or assigns who might pursue any legal action or claim on my behalf.
5. **Insurance** - I currently have, and agree to maintain throughout my participation, valid and sufficient medical and accident insurance. I understand that this is my sole responsibility and release all persons and entities from providing this coverage for me.
6. **Refund** - I understand that in case of voluntary withdrawal from the program after it has begun, I will not receive a refund. (A refund of 25% will be granted to a participant who must leave during the first half of the course due to uncontrollable circumstances.)

I HAVE READ THIS WAIVER AND RELEASE CAREFULLY AND I AM SIGNING IT VOLUNTARILY.

Participant's Name (please print) _____ Age _____

Participant's Signature _____ Date _____

SIGNATURE OF PARENT OR GUARDIAN IS REQUIRED FOR ALL PARTICIPANTS UNDER THE AGE OF 18.

I HAVE READ THIS ACKNOWLEDGEMENT OF RISK, ASSUMPTION OF PERSONAL RESPONSIBILITY, AND WAIVER, RELEASE, AND INDEMNIFICATION OF LIABILITY CAREFULLY AND AGREE TO ITS TERMS FOR MYSELF AND MY CHILD.

Parent/Guardian (please print) _____ Relationship _____

Parent/Guardian Signature _____ Date _____