

MINOR Medical Release & Waiver of Liability

By this agreement, it is our intention to relieve Mt. Gilead Bible Conference, Inc. of any duty to us and we do assume the entire risk of any of the damages, which might occur during or as a result of my use of or presence at the camp. By this agreement, I also intend to release, discharge and absolve Mt. Gilead from any and all liability for any active or passive negligence whatsoever by Mt. Gilead and to waive and relinquish any expense or property damage or loss caused by any negligence of Mt. Gilead and promise not to sue or exercise any legal right to seek damages from Mt. Gilead. Any dispute, controversy, or claim arising out of this Agreement or the interpretation of this Agreement shall be settled by arbitration in accordance with the Rules of the American Arbitration Association, except to the extent modified below. The place of arbitration shall be Sonoma County, California. The award of the arbitrator (the "Award") shall be final and binding upon the parties and any court of competent jurisdictions may enter judgment upon the award. The arbitrator shall be required to determine all issues in accordance with substantive law of the state of California. The rules of evidence applicable to proceedings at law in the state of California shall be applicable to the arbitration proceeding. In case I am unable to sign or give verbal consent, I give permission to Mt. Gilead to render first aid and to obtain medical assistance for my minor in the event of an emergency.

Health Insurance Provider: _____ Policy Number: _____

Participant Name: _____ Date of Birth: _____

Address: _____

Emergency Contact: _____ Phone Number: _____

Dates of Retreat: _____ Group Name: _____

I HAVE READ AND UNDERSTAND THE TERMS SET FORTH ABOVE. Print name: _____

Signature of Parent/Guardian if Participant is under 18 years old: _____ Date Signed: _____