

**4 Outdoorsmen Ministries, Inc.
Liability Waiver Form**

This waiver applies to all activities and events organized or sponsored by 4 Outdoorsmen Ministries, Inc., including all transportation to and from the United States and Canada. Participant (and Parent/Guardian if the participant is under 18 years of age) initials and signature are required prior to traveling with 4 Outdoorsmen Ministries, Inc.

EACH affirmation must be initialed by the participant (and parent/guardian if under 18 years of age) after it has been read. By initialing each statement you are affirming that you understand the terms and conditions of the waiver and that you consent to such waiver.

The undersigned hereby:

- _____ Agree that my association with 4 Outdoorsmen Ministries, Inc. is at will by both parties and may be terminated at any time by 4 Outdoorsmen Ministries with, or without cause.
- _____ Acknowledge and fully understand that each participant is voluntarily participating in activities that involve risk of injury (including catastrophic injury, or death) which may result from their own actions or negligence, the actions or negligence of others, environmental conditions, or any equipment used. This includes any risks not reasonably foreseeable to 4 Outdoorsmen Ministries, Inc..
- _____ Assume all of the foregoing risks as a condition of participation with 4 Outdoorsmen Ministries, Inc. and accept personal responsibility for the damages following any such injury.
- _____ Agree that if I choose to participate in any activity outside the original scope of the event I do so of my own free will and understand that these activities have nothing to do with 4 Outdoorsmen Ministries, Inc. 4 Outdoorsmen Ministries, Inc. cannot be held responsible for anything that happens to me while involved in non sanctioned activities.
- _____ Understand that the use or consumption of alcoholic beverages and illegal drugs are strictly prohibited on the trip. If I choose to consume alcohol or illegal drugs in any form, it is without the consent of 4 outdoorsmen Ministries, Inc.
- _____ Agree that any travel arrangements I make for myself I do so on my own and at my own risk. This includes, but is not limited to, taxis, public transportation, and planes to and from events, or during any "free time" not associated with the events.
- _____ Understand that the use of illegal and legal firearms is strictly prohibited on the trip.
- _____ Agree that 4 Outdoorsmen Ministries, Inc. has the right to use my name and/or photo likeness for promotional and informational purposes related to 4 Outdoorsmen Ministries, Inc. and its business.
- _____ Understand that there are risks and dangers inherent in participating in outdoor activities. I also understand that in order to be allowed to participate, I must give up my rights to hold 4 Outdoorsmen Ministries, Inc. liable for any damage which I may suffer while participating in activities sponsored by 4 Outdoorsmen Ministries, Inc.
- _____ Understand that and agree that this release will be binding on me, my spouse, my heirs, my personal representatives, my assigns, my children and guardian ad litem for said children.
- _____ Understand and agree that by signing this release, I am to release, indemnify and hold 4 Outdoorsmen Ministries, Inc. and its officers, agents, or employees harmless from any and all liability or costs, including attorney fees, associated with or arising from my participation in activities sponsored by 4 Outdoorsmen Ministries, Inc. including travel to and from the activities.
- _____ I have read the Crossing the Canadian boarder Info Sheet and understand that I am responsible for cost associated with denied access to Canada. I understand I will be responsible for my own expenses and transportation back home, or if I am charge an access fee I will be responsible to pay them.

Permission to Administer Medical Care - By signing this form, you have accepted responsibility for all medical expenses incurred while participating in a 4 Outdoorsmen Ministries, Inc. event whether you are covered by insurance or not. I hereby grant my permission to be admitted to any hospital or medical facility for diagnosis or treatment. In case of injury, accident or illness, I authorize the representative of 4 Outdoorsmen Ministries, Inc. and on-site medical/first aid staff to provide appropriate medical treatment. I authorize 4 Outdoorsmen Ministries, Inc. to seek any necessary medical treatment for me and have been given no guarantees as to the result of any treatment. I accept total responsibility for any and all costs associated with any medical, or dental treatment I receive while participating in the event. I have read and understand the above release and waiver and grant my permission to administer medical care and I will assume any costs associated with such. +By initialing all of the above statements, I agree to the terms and conditions therein.

PARTICIPANT NAME (print)

PARTICIPANT SIGNATURE

TODAY'S DATE

PARENT/GUARDIAN NAME (print)

PARENT/GUARDIAN SIGNATURE

TODAY'S DATE