Ties That Bind, Inc.
Release of Liability/Assumption of Risk

In consideration of being allowed to participate in any way in the Ties That Bind Program, its related events and activities, I, __________________, the undersigned, acknowledge, appreciate and agree that:

I understand that all of the activities in this program are strictly voluntary and that it is my own choice to participate in each activity to whatever degree I deem appropriate, after due consideration of my own physical health, physical abilities and medical condition. I understand and agree to be supported in my choice to support others in their choices as well.

The risk of injury from the activities involved is significant, including the potential for permanent paralysis and death, and while particular skills, equipment and personal discipline may reduce the risk, the risk of serious injury does exist.

I understand that the Ties That Bind staff adheres to high safety standards and that safety issues and rules will be discussed before each event. I agree to abide by all safety standards. If the risks and safety procedures are not explained or understood, I should ask for further explanation.

I knowingly and freely assume all such risks, both known and unknown, and assume full responsibility for my participation.

I understand that it is my responsibility to inform the Ties That Bind staff of any and all physical limitations, liabilities or injuries including, but not limited to, heart conditions, neck or back problems, recent surgeries, pregnancy, and any other potential situation that may be affected. I further understand, that in the case of an accident or illness, the Ties That Bind staff will provide basic first aid and arrange for medical services, if needed.

I understand that Ties That Bind, Inc. and Canterbury Retreat Center shall not be held responsible or liable in any way to me for bodily injury, illness whether mental or physical, property damage or loss resulting from my own negligence. The terms hereof shall serve as a release and assumption of risk for myself and all members of my family.

I have read the above terms and conditions and by signing below agree to all of the above-mentioned terms and conditions.

Name: (Please Print) ____________________________ Date: ______________

Signature: ____________________________________________

Parent or guardian signature if participant is under 18 years of age:

Signature: ________________________________________ Date: ___________