

Celebrating Nature - ACKNOWLEDGEMENT of RISK & ASSUMPTION of PERSONAL RESPONSIBILITY

Please read carefully, sign in the appropriate places and bring this completed form with you.

Retreat Date & Location: _____

Your Emergency contact person + their phone # _____

- A)** I, the undersigned, understand that the activities I will be engaged in during this program conducted by the Church of Celebrating Nature, Joe Noonan and all their partners, agents, subcontractors and all others operating on their behalf, may require sometime strenuous physical exertion and have the potential to expose me to above normal risks. To the extent I have any emotional, physical, mental disability that might impair my ability to participate in this program, I have communicated this information to the coordinators of the program. In the event I have made no reference to any such disability, I represent that I have none. **Initial** _____
- B)** I recognize that everything I choose to do, I do so of my own free will. To the extent I participate, I do so voluntarily and of my own volition. I agree to act in a manner that will contribute to the safety and well being of both myself and of the other participants. I agree to hold the Church of Celebrating Nature, Joe Noonan and all their partners, agents, subcontractors and all other people operating on their behalf, harmless from the results of any incident which causes injury to me during this program.
Initial _____
- C)** I hereby give permission to the Church of Celebrating Nature and Joe Noonan to interview, photograph and/or videotape me. It is my understanding that these interviews/photographs/videos or portions thereof will be used for public view. I agree to participate in these projects without financial remuneration, and I understand that this releases Joe Noonan and Celebrating Nature from any future claims, as well as any liability, arising from the use of the said photographs/videos/interview.
Initial _____
- D)** I have read the **trip policies** statement and have familiarized myself with these trip policies. I recognize that travel insurance and trip cancellation insurance are always recommended and encouraged and I have taken appropriate action. **Initial** _____
- E)** I acknowledge that I am responsible for my own health insurance, that in case of any accident or injury to myself I am fully responsible. I acknowledge that I have been made aware of DAN insurance, (www.DiversAlertNetwork.com), that it is available to me to purchase and I have chosen whether to purchase it or not. **Initial** _____
- F)** I acknowledge that I will be offered opportunity to participate in a wide range of activities, and it is always my free choice whether to participate or not. I acknowledge that I am a sovereign individual and I take 100% full responsibility for all my decisions and actions. My signature below is my acknowledgement that I fully accept all the terms and agreements outlined on this document.

Participant's Name (please print): _____

Participant's Signature: _____ **Date:** _____

(If participant is under 18) Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____ **Date:** _____