

Each person must read, sign, and turn in this form to be allowed to participate in any Brookhaven Retreat activities. Please make as many copies of this form as needed.

Brookhaven Retreat Assumption of Risk and Release

WHEREAS, THE UNDERSIGNED wishes to voluntarily participate in activities organized by Christian Mission Connection DBA Brookhaven Retreat, of Hawkins, Texas:

In consideration of Brookhaven Retreat's action in allowing the undersigned to participate in such a program: I, the undersigned, acknowledge that during the said program in which I am requesting to participate, certain risks and dangers may occur. These include, but are not limited to: the hazards of depending on other people; being at various heights (ground to 50'); accident or illness (this includes COVID-19 outbreaks) in remote places where medical facilities may be more than one hour away; the forces of nature; and travel by air, train, boat, automobile or other conveyance to or from Brookhaven Retreat and while at the facility. The undersigned further recognizes that these risks may also include: loss or damage to personal property; physical or psychological damage and/or injury not excluding fatality due to accidents that may occur; and accidents resulting from challenge course experiences and other types of outdoor activities.

In consideration of, and as part payment for the right to participate in such a program and the services and food arranged for me by Brookhaven Retreat, Directors, Officers, Employees, Agents, and/or Associates, I have and do hereby assume all the above risks which are not specifically foreseeable, and will hold them harmless from any and all liability, actions, causes of action, debts, claims and demands of every kind of nature whatsoever, whether for bodily injury, property damage or loss otherwise, which I now have or which may arise from or in connection with my participation in any other activities arranged for me by Brookhaven Retreat, Directors, Officers, Employees, Agents, and/or members of my family, including any minors accompanying me. In short, I will not sue Brookhaven Retreat. However, I the undersigned do reserve the right of arbitration, if necessary, to settle any and all grievances that might arise during this program. I also state that I am not under, and will not be under the influence of any chemical substance, including alcohol. I fully understand that my physical activity involves risk of injury. I also understand that my participation in this Brookhaven Retreat, program is entirely VOLUNTARY. I enter into this program and take full responsibility for my decision to participate or not to participate and agree to follow all safety instructions.

Anyone with any of the following conditions (but not limited to) should not participate in high ropes, zip line, or trapeze activities: Pregnancy; recent surgery; back, neck, or shoulder problems; heart condition; high blood pressure; recent severe injury.

The undersigned further certify that photographs, video footage, or audio clips of the undersigned participant taking part in programs at Brookhaven Retreat may be reproduced and utilized in promotional materials for Brookhaven Retreat, and that no person shall be compensated for this use.

Retreat Group Name

Retreat Dates

Print Participant Name

Signature of Participant (if over 18 yrs old)

Parent/Legal Guardian Signature (must sign for all persons under age 18)

Today's Date