

2025 Men's Spring Fellowship Retreat Release of Liability

Men's Fellowship Retreat Assumption of Risk and Release of Liability

In consideration of my being permitted to participate in the Men's Fellowship Retreat, I understand that the retreat weekend is being organized by a group of unpaid volunteers, which may be located at Camp Hebron in Halifax, PA.

I accept and clearly understand that there are always inherent dangers and risks involved in participating in any activity, specifically those that include voluntary athletic or recreational activities, or simply by traveling by motor vehicle to such group meetings, as well as in eating, drinking or using conference and sleeping facilities, etc. during a group experience and that the risk of personal injuries is present despite the best efforts of the organizers to provide a safe experience for all participants.

I understand that there may be hazards in hiking, recreation, participation in group campfires, and even in sitting in folding or other chairs, despite the best efforts of the owners, operators, or volunteers setting up the facilities for our use, and that it is impossible to anticipate every condition of activity which could result in such injury, regardless of care or lack thereof. I understand that my voluntary participation in the group experience could conceivably result in serious injury or death, and I provide my own health, medical, and disability insurance, as I decide is necessary, for the risks of injury that exist in life generally and in my participation in the Men's Fellowship Retreat activities, in particular.

Release of Liability

I therefore, for myself, my heirs, successors, and representatives hereby KNOWINGLY AND INTENTIONALLY WAIVE AND RELEASE FROM LIABILITY, AND AGREE TO INDEMNIFY, HOLD HARMLESS, AND DEFEND the volunteers who organize or facilitate this Men's Fellowship Retreat and the camping or conference facility at which the Men's Fellowship Retreat is held, their agents and employees, from and all liability for any and all damage, injury, or death to myself or any other person or property in any way arising from my participation in the Men's Fellowship Retreat. I explicitly agree that this release and indemnification extends to harm resulting from any NEGLIGENCE of these parties, as well as any RECKLESS failure of these parties to guard or warn against known dangerous conditions.

I further agree, for myself, my successors, heirs, and family NOT TO SUE the volunteers who organize or run the retreat or the facility or facilities at which the Men's Fellowship Retreat is held, their agents or employees, as a result of any injuries I incur in connection with any activities occurring on the property at which the Men's Fellowship Retreat is held, or in any way related thereto.

I recognize that the volunteers and hosting facilities will operate under the COVENANT OF GOOD FAITH and fair dealing but that they may find it necessary to terminate an activity due to forces of nature, medical necessities, or problems in the group, and/or refuse to terminate the participation of any person judged to be incapable of meeting the rigors or requirements of participating in the activity. I accept the right to take such actions for the safety of myself and/or other participants. I acknowledge that no guarantees have been made with respect to Men's Fellowship Retreat activities. I expressly state that I will not participate while under the influence of alcohol, controlled substances, or any medications, which could impair my physical or mental abilities.

This agreement is severable; that is, if any part of it is held by a court of law to be unenforceable, I agree that the rest of it shall nevertheless be effective.

This agreement shall be interpreted under the law of the Commonwealth of Pennsylvania. I HAVE CAREFULLY READ, UNDERSTAND AND VOLUNTARILY ACCEPT THE TERMS OF THIS WAIVER AND RELEASE AGREEMENT, AND SIGN THE SAME WITH THE INTENT TO BE LEGALLY BOUND HEREBY.

Signature _____ Date _____

Participant's Name(printed) _____

Address _____

Telephone _____

Email Address _____ Paid _____