

# Retreat Risk Waiver Form

## Action Needed

“I understand the voluntary nature of my participation in work, programs and activities of this MIDL retreat, and in return for the benefits I receive from them, I release and discharge MIDL, its agents and members from liability.

I promise to hold MIDL and its agents and members harmless, from all causes of action, liability and claims for all personal injuries, illness, property damage or death which I may now or hereafter have, which are caused by, or are directly or indirectly related to, any work I may perform or any activities in which I engage during my participation in this retreat program.

For the period covered by this program, I agree that I am covered by medical insurance, and I acknowledge that medical insurance is not the responsibility of MIDL. By entering my name into the MIDL Retreat Application Form, I agree to the Terms and Conditions above.”