INSPIRATION®
MINISTRIES

Devoted to Serving People with Disabilities

PO Box 948, Walworth, WI 53184 ~ 262-275-5753
www.InpsirationMinistries.org

Release and Waiver of Liability

Assumption of Risk and Indemnity Agreement

Please read carefully! This is a legal document that affects your legal rights.

Inspiration Ministries/Inspiration Retreat Center requires each Respite Care Camp/Flexible Respite Care participant and/or their representative to sign this Release and Waiver of Liability form. We appreciate your understanding.

- I give my permission for _____ to participate in Inspiration Ministries/Inspiration Retreat Center disability Respite Care Camps and/or Flexible Respite Care activities on and off site and in the community, including, but not limited to: riding in vehicles, swimming, horseback riding, boating, fishing, bowling, archery, zip wire, tree climb, and all camp activities as described in the Inspiration Ministries Respite Care, Flexible Respite, Summer Respite Camp brochures and ministry web site.
- Permission is given to transport above named participant in vehicles during camp activities both on and off site.
- I understand that Inspiration Ministries may wish to use participant's name, photograph, videotape, and/or stories with its work and that the organization needs appropriate consent to do so.
- I grant to Inspiration Ministries any and all rights, title and interest the participant may have to any photographic images (individual or group), including video and audio recordings, of above named applicant in their Respite Care, Flexible Respite, and Summer Respite Camp promotion and solicitation, including newspaper, magazines, news bulletins, movies, television, website and displays. [ ] ***Check here to decline photo release and initial here*** _____
- I understand precaution is taken to safeguard the health and safety of the Respite Care Camp/Flexible Respite Care participants under Inspiration Ministries' supervision.
- I hereby acknowledge that Inspiration Ministries is not a healthcare provider and that they are not responsible for providing medical treatment for me.
- I understand that Inspiration Ministries does not assume any responsibility for or obligation to provide financial assistance, or other assistance, including medical, health or disability insurance in the event that the participant receives an injury or illness.
- I also release and forever discharge Inspiration Ministries, including their directors, officers, employees and agents (collectively "Inspiration Ministries" – all of whom shall be referred to as "Releasees" in this document) from any and all liabilities which arise or may arise later for any injuries sustained while participating in any activities sponsored by Inspiration Ministries, including any first aid, medical treatment, or other service provided in connection with the participant's activities on Inspiration Ministries' grounds or participation in off-site activities.
- I hereby authorize the medical personnel employed by Inspiration Ministries to provide routine healthcare, administer prescribed medications, and non-prescription medications as necessary and seek medical treatment, arrange necessary related transportation, and release any records necessary for insurance purposes. If it is determined that urgent medical treatment is warranted, I hereby agree to accept that decision and consent to and authorize immediate transfer to a medical treatment facility for such medical care and treatment, including hospitalization, which may be necessary.

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- I assume full responsibility for any risk of bodily injury, personal injury, death, or property damage arising out of or related to the above named participant's presence at or use of the facilities known as Inspiration Ministries/Inspiration Retreat Center, or participation in any sponsored/conducted activity, whether caused by the Releasees' negligence, breach of contract or warranty or other legal theory.
- The undersigned releases, waives, discharges and covenants not to sue the Releasees and each of them from any loss, liability, damages, cost (including but not limited to attorney fees and other defense costs incurred in defending a claim brought by the undersigned, his personal representatives, assigns, heirs, parents, siblings, spouse, and children) one or more of them may incur on account of injury to the participant's person, their death or damage to their property, arising out of or related to the participant's presence at Inspiration Ministries' Respite Care Camp/ Flexible Respite Care, or participation in any ministry sponsored/conducted activity, whether such death, injury or property damage is caused by the negligence or other wrongful conduct of, or breach of contract or warranty by, one or more of the Releasees.
- I agree that this Release and Waiver of Liability, Assumption of Risk and Indemnity Agreement extends to a wrongful acts of Releasees, whether sounding in tort, contract or other legal theory, and that said Release and Waiver of Liability, Assumption of Risk and Indemnity Agreement is intended to be as broad in scope as is permitted by the laws of the State of Wisconsin. The undersigned further agrees that in the event any portion of this Release and Waiver of Liability, Assumption of Risk and Indemnity Agreement is held invalid, the balance shall, notwithstanding, continue in full legal force and effect to the greatest extent possible under Wisconsin law.
- Permission is given for this completed form to be photocopied for trips off ministry grounds.

I have read this Release and Waiver of Liability, Assumption of Risk and Indemnity Agreement, fully understand its terms, understand that I have given up substantial rights by signing it, and have signed it freely and voluntarily without any inducement, assurance, or guarantee being made to me, and I intend my signature to be a complete and unconditional release of all liability to the greatest extent allowed by Wisconsin law. I declare that I am eighteen (18) years old or older and am legally competent to execute this release or that I have acquired the written consent of my parent or guardian.

Participant: _____ Date: _____
(Signature)

Witness: _____
(Signature)

IF THE PARTICIPANT IS UNABLE TO CONSENT, COMPLETE THE FOLLOWING:

I CERTIFY THAT I AM AUTHORIZED TO CONSENT FOR THE PARTICIPANT AND THATI HAVE READ AND AGREED TO THE FORGOING.

Signed: _____ Date: _____

Print Name: _____ Relationship: _____