



**FACILITY USAGE
ASSUMPTION OF RISK AND RELEASE**

Group Name _____

Center for Christian Growth, Inc., dba T Bar M Camps & Retreats requires all users to sign this release form in order to be eligible to use all T Bar M Camps & Retreats facilities.

The undersigned acknowledges that during usage certain risks and dangers may occur. These include but are not limited to the hazards of depending on other people, vehicles, grounds, obstacles, and the forces of nature. The undersigned further recognizes that these risks may also include physical or psychological damage and/or injury not excluding fatality due to accidents that may occur resulting from the use of the facilities. During usage, the undersigned agrees to abide by all of the policies and procedures set before them in order to maintain the utmost level of safety.

In consideration of the above, I (the undersigned) have and do hereby assume all the above risks which are not specifically foreseeable, and will hold T Bar M Inc., Center for Christian Growth, Inc., dba T Bar M Camps & Retreats, its owners, directors, employees, and/or associates, harmless from any and all liability, actions, causes of actions, claims and demands of every kind and nature whatsoever, whether for bodily injury, property damage or loss or otherwise, which I now have or which may arise from or in connection with my usage of the facilities. In short, I, along with my family or heirs, cannot sue T Bar M Inc., and/or Center for Christian Growth, Inc. dba T Bar M Camps & Retreats; its owners, directors, employees, and/or associates. 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 use of the facilities is entirely voluntary and in the event that I damage or misuse T Bar M property, either deliberately or accidentally. I understand that I am financially responsible to make restitution to T Bar M. Furthermore, in the event of an accident, the group leader will assume responsibility for medical care of the individual.

I understand that while participating in normal camp and retreat activities, I may be photographed and/or videotaped and that these photos and/or video footage may be used for promotional purposes.

In the event of any emergency I hereby give permission to the physician selected by _____ to hospitalize, secure proper treatment, and to order injections, anesthesia, or surgery.
(Group Leader's Name)

Participant Name

Date

Signature
(Parent / Guardian must sign for participants under 18)

Date