



Asbury Reunion 2026

To be completed for Saturday's Trips for the following groups:

Trendsetters (Rising grades 6-8) and College Connection (Rising grades 9-12)

AdventureServe Ministries

Participant Information & Liability Release Form

To be filled out by the participant's parent/guardian (if the participant is under the age of 18) or by the adult participant.

Participant Name _____

Gender _____ DOB _____ / _____ / _____ Age _____

Name of Parents/Guardians (if under 18) _____

Home Address _____

City _____ ST _____ ZIP _____ - _____

Home Phone _____ - _____ - _____ Alternate Phone _____ - _____ - _____

Parents/guardians of participants under age 18 must provide the name of someone to be notified if the parents/guardians are unavailable in an emergency. Adult participants must provide the name of someone not attending the trip who can be notified in an emergency.

Contact Name _____

Home Phone _____ - _____ - _____ Alternate Phone _____ - _____ - _____

The following is to be filled out by the participant's parent/guardian or by the adult participant. As applicable, answer with the understanding that they will participate in rigorous, high-intensity activities.

Does participant have allergic reactions to bees, medications, food, plants, etc? YES NO

If Yes, describe: _____

Is participant currently taking any medications? YES NO

If Yes, please list: _____

If participant has any physical limitations or conditions, please list so we are aware: _____

Describe any activity restrictions for participant: _____

Additional Comments: _____

Date of Last Tetanus Shot _____ / _____ / _____

Family Physician _____ Phone _____ - _____ - _____

Do you carry family medical or hospital insurance? _____

If yes, please list your policy information below.

Carrier: _____

Group/Policy #: _____

D. Activities and Risks, Acknowledgement and Assumption of Risks, Agreements of Release and Indemnity and Other Provisions

For and in consideration of the services of AdventureServe Ministries (sometimes referred to in this document as ASM) the undersigned, for themselves and on behalf of a minor for whom they may sign, acknowledge and agree as follows:

AGREEMENTS OF RELEASE AND INDEMNITY

I, a participant or the Parent of a minor participant (on behalf of that minor, for myself, my executors, administrators, heirs and assigns) hereby voluntary agree to forever **release, relieve, surrender, waive, discharge, hold harmless, defend, indemnify, and covenant not to sue** ASM and its owners, agents, volunteers, officers, and employees (collectively referred to as "Released Parties") from any and all liability, claims, actions or losses of any kind or nature, foreseen or unforeseen, known or unknown, whether for personal injury, property damage, wrongful death, loss of services or otherwise, arising out of my, or my child's, enrollment or participation in a ASM missions or wilderness adventure experience, including transportation to and from any such activities, or use of ASM's equipment. **I specifically understand that I am releasing, discharging and waiving, among others, any claims or actions that I or the minor may have, or acquire, for the negligent acts or other conduct of Released Parties.** This release shall be binding to the fullest extent permitted by law. If any part of the release is deemed to be unenforceable, the remaining terms nevertheless shall be enforceable.

ACKNOWLEDGMENT AND ASSUMPTION OF RISKS

ASM missions and wilderness adventure experiences include a number of activities, including but not limited to camping, hiking, caving, backpacking, rock-climbing, rappelling, white water rafting, swimming, construction repairs, service activities, and other activities specific to a particular program experience. These activities may be physically demanding and I am aware that it may involve hazardous activities and risk of serious personal injury or death. Injuries could include but are not limited to cuts, abrasions, sprains, strains, weather hazards, burns, extremem temperatures, and equipment failure. I, on behalf of myself or my child, am participating voluntarily in these activities with the knowledge and appreciation of the dangers involved and I, on behalf of myself of my child, voluntarily agree to accept and assume all risks of personal injury, death, or any other damages or losses to my person or property. In the event that any claim arising out of or related to personal injury, death, or damage shall be filed against any Released Parties, I shall indemnify and hold harmless Released Parties from and against any and all such claims, including Attorney's fees, incurred in defense of such claims.

OTHER PROVISIONS

ASM reserves the right to refuse participation to any person it judges to be incapable of meeting the rigors and requirements of participating in its activities. I therefore represent that the medical and health information I have provided on this form is true and accurate to the best of my knowledge. I accept full responsibility for any omissions and potential consequences regarding my failure to disclose any existing or past health condition. I am, or the minor child is, in good physical condition and therefore fully capable of participating in and able to undertake all of the activities involved in an ASM experience. I, or the minor, do/does not have any medical condition that would prevent my, or his/her, participation in any activities except for those restrictions listed in Sections (C, D, E) above.

I hereby give permission for any qualified guide or medical personnel to render or obtain routine health care and/or necessary emergency medical care, and dispense medications for myself, or for the minor participant. I give said personnel the permission to make such medical decisions as they deem proper and to exchange medical information with third party medical care givers. I understand that, if the participant is a minor, the parents will be contacted by the Youth Leader in cases when emergency medical services or professional medical care are needed. I, on behalf of myself or the minor, understand that ASM will secure primary accident insurance and primary sudden illness insurance. I, for myself and on behalf of the minor, understand that I assume full financial responsibility for any medical treatment rendered for myself, or for the minor, outside of these policy limits or for pre-existing conditions not covered by said policies. I therefore represent that I have, or the minor has, adequate health, disability and life insurance, or I have made adequate alternate arrangements for myself, or for the minor, to cover any such expenses.

I, on behalf of myself and the minor participant, agree that alcohol and illegal drugs will not be used while undertaking any activity with ASM. I also assume full financial responsibility for any physical damage to persons or property caused by myself, or the minor child.

I hereby give ASM and its representatives and agents absolute permission to use photographs, videotapes and other images, quotations from comment/evaluation forms and voice reproductions of me, or the minor, for any purpose and media, and waive any proprietary, personal or other right to inspect and pre-approve such use.

I agree that, should there be an issue or dispute as to the validity of any release that I have signed, this document shall supersede any other document that I have read or signed about my legal rights concerning ASM. I also understand that the terms of this agreement shall continue to be in effect even after the trip has ended.

I HAVE READ THE ABOVE STATEMENTS AND UNDERSTAND ALL THE TERMS OF THIS AGREEMENT. I AM VOLUNTARILY EXECUTING THE AGREEMENT WITH FULL KNOWLEDGE OF ITS SIGNIFICANCE ON BEHALF OF MYSELF, MY CHILD OR WARD AND MY/MY CHILD'S ASSIGNEES, HEIRS, NEXT OF KIN, EXECUTORS, AND PERSONAL REPRESENTATIVES. I AM AWARE THAT I AM RELEASING CERTAIN LEGAL RIGHTS THAT I, OR THE MINOR, OTHERWISE MAY HAVE. NO ORAL REPRESENTATIONS STATEMENTS OR INDUCEMENTS APART FROM THOSE CONTAINED IN THIS AGREEMENT HAVE BEEN MADE.

Participant Signature

Parent/Guardian Signature (If participant is a minor)

Printed Name of Participant

Printed Name of Parent/Guardian

Date

Date