

RELEASE OF LIABILITY

I understand that parts of the LifeQuest Challenge and Adventure programs may be physically/emotionally demanding. I affirm that my health is good and that I am not under a physician’s care for any undisclosed condition that bears upon my fitness to participate in LifeQuest activities. I understand that the level of participation in LifeQuest Challenge and Adventure activities is at all times completely voluntary and subject to my choice. In addition, I recognize the inherent risk of injury or disability in LifeQuest Challenge and Adventure activities and understand that each participant must assume the risk of injury that could result from any of the activities. I release LifeQuest, Marshall County Court Referral, Inc., and Marshall County Commission, Alabama from all liability for any injury to me from participation in LifeQuest Challenge and Adventure activities. Also, in the event of an emergency, I hereby give my permission to LifeQuest staff (or emergency response personnel) to select a medical facility, physician, and/or otherwise secure proper treatment for me should I be unable to communicate my specific desires. (If I have exceptions to such treatment/hospitalization, I understand that I may note them here and agree to hold only myself liable for these noted exceptions.)

Exceptions to treatment/hospitalization (if any):

Other relevant information (if any):

Date: _____ Participant’s Signature _____

Print Name: _____

_____ I will sign when I get there.

I hereby sign as parent or guardian of the above-referenced participant and agree to the terms of the release of liability as it pertains to any claim I or my child or ward may have as a result of the participants participation in any program LifeQuest Challenge and Adventure Programs.

Date: _____ Signature of Parent or Guardian: _____
Required if participant under 19 years of age.