

## DAILY AUDIO BIBLE FAMILY REUNION LIABILITY WAIVER AND PERMISSION

PARTICIPANTS NAME: \_\_\_\_\_ Birth Date \_\_\_\_\_  
HOME ADDRESS: \_\_\_\_\_  
HOME TELEPHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_  
E-MAIL: \_\_\_\_\_

EMERGENCY CONTACT NAME AND TELEPHONE NUMBERS:

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_  
HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

ALTERNATE EMERGENCY CONTACT NAME AND TELEPHONE NUMBERS:

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_  
HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

**Nature of this event:** By registering for Daily Audio Bible Family Reunion I acknowledge my full and complete agreement to this waiver, I understand that the nature of this conference is both social and spiritual in nature and is open to anyone.

**Nature of Risks:** I understand that voluntarily traveling to and attending this event may involve certain risks beyond the reasonable control of its staff, director, volunteers and agents including but not limited to accidents, emergencies, exposure to reckless conduct of other persons, and/or negligence of any retreat facilities.

**Waiver of Liability/Hold Harmless:** By registering for this event I accept in full this liability waiver. I agree on behalf of myself that I assume all risks and waive any liability of any nature whatsoever against and agree to hold harmless Daily Audio Bible, it's staff or the staff assisting with the vent with respect to any and all actions, claims or demands arising out of or in connection with travel to or attendance at the conference, or any other activity I may engage in while in transport or present at the conference. Further, for any injury to third parties that may arise because of my actions or omissions, I agree to hold harmless and defend Daily Audio Bible, it's staff or the staff assisting with the event.

**Medical Permissions (Limited):** As a condition attending the event, I grant permission in the event of an emergency or accident for emergency medical care to be administered within the Facility and/or during or after transportation to a hospital or doctor for emergency medical care. I further understand that in the event of an emergency every effort will be made but it is not the responsibility of Daily Audio Bible, it's staff or the staff assisting with the event to reach my emergency contacts and that I remain responsible for my medical expenses.

**If you have health insurance please provide this information below**

Policy in the name of: \_\_\_\_\_  
Insurance Company Name/Policy Number: \_\_\_\_\_

**I fully understand the consequences of and sign this LIABILITY WAIVER AND PERMISSION knowingly, freely, and willingly. I have had opportunity to consult a legal professional had I desired before signing this waiver.**

Signature of Participant \_\_\_\_\_ Date \_\_\_\_\_

If you are the parent or legal guardian of a minor child attending this event, please print their name(s) below and sign on their behalf.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

I affirm that I am the parent or legal guardian of the above named minor children and sign this waiver on their behalf.

\_\_\_\_\_

Name (please print)

\_\_\_\_\_

Signature