

**Walk on Water
Agreement to Participation
Assumption of Risk and Release of Liability
PLEASE READ BEFORE SIGNING**

The undersigned acknowledges that during the session that the applicant has requested to participate in, Certain risks and danger may occur. The undersigned recognizes that such risks and danger may include Loss or damage to personal property, physical or psychological damage and/or injury, not excluding fatality due to accident. I certify that I am completely healthy (both physically and emotionally) and capable of participating in this session. I have listed on the medical information form medical conditions That WALK ON WATER Inc. should be aware of which may hinder my participation in the session. However, I understand that it is solely my responsibility to determine whether there is any medical reason That I should not participate in the session and to obtain approval for any and all activities from the appropriate Health-care providers. The health history is correct as far as I know, and the person herein described has permission To engage in all prescribed camp activities except as noted. I hereby authorize the medical personnel selected by The camp director and/or church leader to order x-rays, routine tests, treatment, and necessary transportation for Me/my child as deemed necessary. I, individually and on behalf of the minor and all other family members, Executors or administrators, do hereby release, forever discharge, and agree to hold blameless WALK ON WATER Inc. and its counselors, staff, employees, agents, and lessors from any and all liability, claims, INCLUDING, BUT NOT LIMITED TO THE NEGLIGENCE OF WALK ON WATER Inc. STAFF, DIRECTORS, COUNSELORS, EMPLOYEES, AGENTS and LESSORS, or demands for personal injury, sickness, or death, as well as property Damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the participant While said person is participating at WALK ON WATER. In consideration of, and as part payment for, the Right to participate in such a program and the services arranged for me by WALK ON WATER Inc. its staff, Directors, counselors, employees, agents and lessors, from any and all liability, actions, causes of action, INCLUDING BUT NOT LIMITED TO THE NEGLIGENCE OF WALK ON WATER INC DIRECTORS, COUNSELORS, EMPLOYEES, AGENTS and LESSORS, debts, claims, and demands of every kind and nature Whatsoever, whether for bodily injury, property damage or loss otherwise, which I now have or which may arise From or in connection with my program or participation in any other activities arranged for me by WALK ON WATER Inc. its staff, directors, counselors, employees, agents, and lessors, for all members of my family, Including any minors accompanying me. I SPECIFICALLY AGREE THAT MY AGREEMENT TO INDEMNIFY AND HOLD HARMLESS WALK ON WATER INC. ITS STAFF, DIRECTORS, COUNSELORS, EMPLOYEES, AGENTS and LESSORS, INCLUDES ALL LITIGATION COSTS AND ATTORNEY FEES FOR ANY LITIGATION BROUGHT ON BY MYSELF, ON BEHALF OF THE MINOR, IF APPLICABLE, OR ANY OTHER FAMILY MEMBER. I grant permission to WALK ON WATER to use photographs and any video taken by WALK ON WATER for use on web sites or other electronic form or media, without notifying me. I hereby waive any right to inspect or approve the photographs or electronic matter that may be used in conjunction with them now or in the future, whether that use is known to me or unknown, and I waive any right to royalties or other compensation arising from or related to the use of the photographs. I hereby agree to release and hold harmless WALK ON WATER, via electronic or media, from and against any claims, damages or liability arising from or related to the use of the photographs, including but not limited to any re-use, distortion, blurring, alteration, optical illusion or use in composite form, either intentionally or otherwise, that may occur or be produced in production of the finished product. 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 physical activity involves risks of injury. I also understand that my participation in this WALK ON WATER Inc. program is entirely VOLUNTARY. I enter into this session and take full responsibility for my decision to participate or not to participate and agree To follow all safety instructions.

Name of Participant (please print)

Signature of Participant
(If under 18, parent or guardian must sign)

Date

Signature of Witness

Date