



**WAIVER**

Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

I FULLY UNDERSTAND THAT THIS PROGRAM MAY BE STRENUOUS AND I CHOOSE TO PARTICIPATE COMPLETELY VOLUNTARILY. I ACCEPT ALL RESPONSIBILITY FOR MY HEALTH AND ANY RESULTANT INJURY OR MISHAP THAT MAY AFFECT MY WELL BEING OR HEALTH IN ANY WAY. I HOLD HARMLESS OF ANY RESPONSIBILITY, THE INSTRUCTOR, GADDIS MEMORIAL UNITED METHODIST CHURCH OR ANY PERSONS INVOLVED WITH THIS PROGRAM. I HEREBY AGREE TO EXPRESSLY ASSUME AND ACCEPT ANY AND ALL RISKS OF INJURY OR DEATH.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_