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**Rugged Faith Release Form - Minor**  
(This document affects your legal rights, please read it carefully.)

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Doctor's name \_\_\_\_\_ Phone \_\_\_\_\_  
Medical Insurance Co. \_\_\_\_\_ Policy # \_\_\_\_\_  
Date of recent Exam \_\_\_/\_\_\_/\_\_\_ Date of last Tetanus \_\_\_/\_\_\_/\_\_\_  
Allergies \_\_\_\_\_  
Medications being taken \_\_\_\_\_

**--Parental Permission--**

**I give my permission** for my child to attend \_\_\_\_\_.  
I understand that this experience may include, among other physical activities, rock climbing, ice-climbing, rappelling, hiking, ropes courses, swimming, running, playing sports, riding in cars and vans, kayaking, snowboarding, skiing, and eating. **I have full knowledge of the inherent risks and dangers involved.** I willingly assume such risks, and I will assume and pay any and all medical and emergency expenses arising out of my child's involvement with this activity. **In case of emergency,** I understand that every effort will be made to contact the parents or guardians of the participant involved. In the event that I cannot be reached, I hereby give my permission to the physician selected by Rugged Faith or other on scene authorities to hospitalize, secure proper treatment of, and to order medical treatment including surgery, for my child as named herein. ( If you or your child have special needs, please let us know!)

**Parent or Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

**--Release from Liability and Assumption of Risk Agreement--**

- A. I agree that I will not sue, or otherwise make any claim against RUGGED FAITH, or their employees or volunteers, for any loss, injury or damage resulting from any cause, including negligence on their behalf. (Initial \_\_\_\_\_)
- B. I am aware of the inherent risks involved in this activity, including but not limited to the risk of serious injury or death. (Initial \_\_\_\_\_)
- C. I agree that all equipment used, is used at my own risk. RUGGED FAITH, and any other party shall not be held liable. RUGGED FAITH makes no warranties regarding equipment used. (Initial \_\_\_\_\_)
- D. I understand that any route or activity chosen as a part of our outdoor adventure may not be the easiest but has been chosen for its interest and challenge for the participants. (Initial \_\_\_\_\_)
- E. To the fullest extent by Law I agree to defend, indemnify, and hold harmless RUGGED FAITH, and any of its officers, members, affiliated organizations, agents volunteers or any employees for any injury or death caused by or resulting from my or my child or ward's participation in the activities associated with RUGGED FAITH, both scheduled or unscheduled, including transportation. (Initial \_\_\_\_\_)
- F. I understand this is a binding contract that supersedes any other agreement or representations, and is intended to provide a comprehensive release of liability but is not intended to assert defenses which are prohibited by law. (Initial \_\_\_\_\_)
- G. I am voluntarily participating in this activity with the knowledge of the inherent risks involved, and hereby agree to accept full responsibility for the risks involved. (Initial \_\_\_\_\_)
- H. I understand that RUGGED FAITH or any person associated with are not responsible or liable for any transportation to or from a RUGGED FAITH event. (Initial \_\_\_\_\_)

**I have carefully read this agreement and I fully understand its contents. I am aware that I am releasing certain rights that I otherwise may have and I enter into this contract on behalf of myself and/or my child or ward, of my own free will. (Initial \_\_\_\_\_)**

**Signature of participant** \_\_\_\_\_ **Date** \_\_\_\_\_

**Parent or Guardian** \_\_\_\_\_ **(Required if under 18)**

If you've any questions or concerns regarding this waiver, RUGGED FAITH safety procedures and outing practices, or our mission here, while in His service, please contact us at any time. RUGGED FAITH · PO BOX 153 Metaline Falls WA 99153 · (509) 993-0954.