



WAIVER AND ASSUMPTION OF RISK

Event: _____

I, _____, Registered Participant, voluntarily sign this Waiver and Assumption of Risk in favor of **Intersection/Spread Truth Ministries, Inc.** (Organization), in consideration of the opportunity to receive instruction from the Organization or the Organization's staff/volunteers, and/or to engage in the activities sponsored by the Organization, as follows:

I understand that there are certain risks and dangers associated with the activity and use of the facilities/equipment and that these risks have been fully explained to me. I fully understand the danger involved.

I agree to use my best judgment in undertaking these activities and to follow all safety instructions.

I fully assume all risks involved in participation in the above-referenced event as acceptable to me.

I waive and release Intersection/Spread Truth Ministries, Inc. from any claim for personal injury, property damage, or death that may arise from my use of the facilities/equipment or from my travel to, attendance at, or participation in the activities or instruction.

I am a competent adult, aged _____, and I assume these risks of my own free will.

Dated: _____, 20 _____

X

Signature of Participant

Printed Name of Participant

Address of Participant

City and State of Participant

REGISTRATION ID#

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