

Southwestern Texas Synod Outdoor & Retreat Ministries
d.b.a. CROSS TRAILS MINISTRY

RELEASE FROM IMMUNIZATION

PARTICIPANT'S NAME: _____

Whereas, the above named participant (hereinafter referred to as "participant") wishes to be accepted for participation and take part in programs (hereinafter referred to as "Programs") to be organized, conducted, and supervised by Cross Trails Ministry of Kerrville, Texas and Harper, Texas (hereinafter referred to as "Cross Trails Ministry"), and in consideration of Cross Trails Ministry's action in allowing participant in such Programs:

It is respectfully requested that participant be exempted upon religious or other grounds from all immunization requirements required for attendance at Cross Trails Ministry. To the best of the undersigned's knowledge and belief, s/he is and has been in normal good health and is free from all communicable or contagious diseases.

Should participant manifest any condition where there appears to be reasonable grounds for suspecting the presence of a communicable or contagious diseases, the undersigned agrees that a physical examination may be performed. Also, the undersigned agrees that if any such disease is found, participant will comply with the regular quarantine or isolation procedures of the camp and of the community.

It is further understood that, should an emergency arise, the undersigned will be notified immediately. However, in the event that the undersigned cannot be located immediately, the authorities of the camp may take such temporary measures as they deem necessary.

The undersigned releases and forever discharges the camp and each and every one of its officers, directors, partners, shareholders, employees, agents, insurers, affiliates, successors in interest, attorneys, or any other person or persons associated with any or all of them or any variation in the name of any or all of them who might be liable (the "Released Parties") from all causes of action, suits, claims, demands, or any other damages or costs associated with actions taken by the Released Parties relative to the health, sickness, and treatment of participant.

The undersigned further understands and acknowledges that the undersigned makes this release in full accord and satisfaction of and in compromise of any current or future disputed or alleged claims or causes of action relative to the health, sickness, and treatment of participant against the Released Parties.

The undersigned represents and acknowledges that the undersigned has read and understands this agreement and releases and warrants that all statements made herein are true to the best of my knowledge. The undersigned further warrants and acknowledges that the undersigned is of legal age, legally competent to execute this agreement and release, and accepts full responsibility there for.

Agreement and Release for participation starting _____ and ending _____
Date Date

Signature of Participant if over age 18 or
Parent/Legal Guardian

Print Name

Date