VISION MINISTRY, INC., OF HUNTSVILLE, AL

ACTIVITY AUTHORIZATION FORM

Date of Event: November 13-15, 2026 Event Name: Fall Retreat
Church/Organization Name: Guntersvville Church of Christ City/State: Guntersville, AL Phone: 256-582-2494

Participant Name:_____ Age:_____ Sex:_____
Address:_____ Birth date:_____/_____/_____
City:_____ State:_____ Zip:_____
Parent/Guardian:_____
Phone: (_____)_____ Email address: _____

PARTICIPATION, RELEASE, WAIVER & INDEMNITY AGREEMENT

Vision Ministry, Inc. makes every reasonable effort to provide a safe environment for all participants, we require that this agreement be read, completed, signed and dated by any participant over the age of **19 years** or by the parent or legal guardian of any minor child or any adult participant unable to legally enter into this agreement who wishes to participate in the activities which occur at The Vision property or under the supervision of Vision Ministry, Inc.

Liability Release
I acknowledge the personal benefits accruing to me and my child (or ward, as applicable and referred to herein as "my child") by reason of participation in activities or an event with Vision Ministry—including those led by its staff, those led by my child's group leader, and those I or my child elects to take part in—and I am aware of the activities, including, but not limited, to swimming in the pool, hiking, climbing, archery, low and high ropes courses, tower climbing, rappelling, tomahawk throwing, zip line experience, marksmanship, canoeing, various sports and competition activities involving balls, horseshoes, and strenuous physical games in which I, or my child, will be involved through said participation. I hereby, in consideration of such benefits and other good and valuable consideration received, give permission and consent to the above listed participation and release absolutely, forever discharge, hold harmless and covenant not to sue Vision Ministry, Inc., their directors, employees, agents, volunteers, and affiliates from any and all present or future liability, claims, demands, actions, or rights of action, whether asserted by me or a third party arising out of my (or my child's) participation in event activities (the "Claims"). I agree to indemnify Vision Ministry, Inc. for any such Claims brought by me or a third party from any costs associated with defending or litigating such claims, including but not limited to attorney fees, costs, and legal expenses. I sign this consent and grant this permission with full knowledge that I accept full responsibility for any injury or accident involving myself or my child.

Assumption of Risk
I am aware of the risks associated with participation in the event(s) and activities referred to above and do hereby voluntarily assume full responsibility for any risk of loss, property damage, or personal injury, including death, that may result from participation in any and all activities that occur during my (my child's) stay at The Vision. Vision Ministry, Inc. has taken reasonable steps to provide equipment and staff in order that you and your child may participate in activities for which he/she may not be skilled. You are now reminded that these activities are not without risk. Certain risks cannot be eliminated due to the camp's rural setting without destroying the unique character of those activities. Those same elements that contribute to the character of these activities can be the cause of loss or damage to personal property, accidental injury, illness or in extreme cases, permanent trauma or even death.

Media Release
By signing this form, I give Vision Ministry, Inc. and its leaders/staff permission to feature my child in the following: photographs, recordings, statements, and/or video during and regarding activities at The Vision and hereby grant Vision Ministry, Inc. the right to edit, use, and reuse these materials for its purposes in print, on the internet, and all other forms of media and assign any and all rights in such materials and hereby release Vision Ministry, Inc. and its agents and employees from all claims, demands, and liabilities whatsoever in connection with the above.

Medical Emergency
In the event of injury or a medical emergency, I understand that my group's leader, not Vision Ministry, Inc., will be responsible for the medical care of all attendees. It will be the group leader's responsibility to assess medical needs, obtain and consent to appropriate medical care, transport persons in need of medical care, and contact parents or guardians of minors. I release Vision Ministry from any and all liability related to medical treatment. In addition, I assume the risk and financial responsibility for any injury resulting from the attendee's participation in all Vision Ministry staff-led activities and those activities conducted by my party's group leader.

Understanding
I represent and acknowledge that I have completely read and understand this document and all its terms, that I have had an ample opportunity to obtain the advice of counsel and that, by signing this document, I understand that I am relinquishing legal rights and remedies that may have otherwise been available to me. I understand that this Waiver and Release shall be construed as broadly and inclusively as is permitted by applicable law and agree that if any portion of this document is held invalid, the remaining shall continue in full force and effect. To the extent the restriction on filing lawsuits is deemed unlawful, I agree to submit any Claims to a Christian conciliation/mediation organization for binding arbitration. Please check which applies:

- ❑ Parent
- ❑ Guardian
- ❑ Participant

CAUTION: READ THIS DOCUMENT BEFORE SIGNING. THIS IS A GENERAL RELEASE AND INDEMNIFICATION OF CLAIMS.

Signature:_____ Date: _____

Relationship to Attendee:_____ Contact #:_____