**BRAZOS VALLEY EMMAUS COMMUNITY**

RELEASE OF LIABILITY FORM

I, the undersigned, am voluntarily participating in a retreat sponsored by the Brazos Valley Emmaus Community, Incorporated, a Texas non-profit corporation, called The Walk to Emmaus on at CrossRoads Retreat & Conference Center on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (date)

I understand and agree that I will be participating in a scheduled program during the retreat, residing at the camp facility at CrossRoads Retreat & Conference Center.

In consideration of the service, training, transportation, and accommodations provided to me by the participants, directors, officers and members of the Brazos Valley Emmaus Community, Inc., I hereby release Brazos Valley Emmaus Community, Inc. and its officers, directors, members, and participants from any and all liabilities, claims, causes of action or damages which I might claim for injuries or damages suffered or sustained by me during or after The Walk to Emmaus.

This release of liability is binding to me and my heirs, devisees, and legal representatives.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name

**CROSSROADS RETREAT & CONFERENCE CENTER**

RELEASE OF LIABILITY FORM

I, the undersigned, am voluntarily participating in a retreat sponsored by the *Brazos Valley Emmaus Community* on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, at the CrossRoads Retreat and Conference Center, inc., a Texas nonprofit corporation.

I understand and agree that I will be participating in a program and residing at the camp facility where the program is held.

In consideration of the service, training, transportation, and accommodations provided to me by the participants, directors, officers and members of the *Brazos Valley Emmaus Community*, I hereby release the Cross Road Retreat and Conference Center Inc,. and its officers, directors, members, volunteers, and participants from any and all liabilities, claims, causes of action or damages which I might claim for injuries or damages suffered or sustained by me during or after the event. This release is binding on me and my heirs, devisees and legal representatives.

Emergency Contact (Name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact (Phone) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_