

**Indemnity and Release Form for Messiah Lutheran Church: Hiking Group**

I, the undersigned, wish to voluntarily participate in the hiking group activities. In consideration for being permitted to participate in the in such activities, beginning the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, I, the undersigned, fully recognizing the dangers and hazards inherent in hiking, and any related transportation, including personal injury, property damage, or wrongful death, as well as the unknown dangers and hazards which may arise in the course of my participation in such activities, do hereby voluntarily:

Agree, for myself, my heirs and my personal representative, to defend, hold harmless, indemnify, release and forever discharge, to the broadest extent allowed by law, Messiah Lutheran Church, its trustees, officers, employees, agents, insurers, successors, assigns, from and against any and all claims, demands, actions, or causes of action on account of any damage to real or personal property or any personal injury or death that may result from my participation in the hiking group activities.

I have read this release, I understand it fully, I understand that it is legally binding, and I understand that, among other things, I am agreeing to indemnify Messiah Lutheran Church, for injuries, damages or losses I may cause and giving up rights to sue Messiah Lutheran Church for injuries, damages or losses I may incur.

My signature also verifies that I am physically able to participate in hiking activities and that I have consulted my physician regarding any concerns or limitations prior to participation.

\_\_\_\_\_  
Printed Name (Participant)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name (Witness)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date

**Please see reverse side for contact and medical information**

**Participant Contact information:**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Home Address:  
\_\_\_\_\_  
\_\_\_\_\_

**Medical Information:**

Please list any physical conditions or disabilities, current or chronic, any medication taken at this time, or any allergies. This information will help in the event of an injury or medical emergency.

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

**Emergency Contact Information:**

***In case of emergency please contact:***

*Primary Emergency Contact*

Name and relation: \_\_\_\_\_

Phone: \_\_\_\_\_

Alternative Phone: \_\_\_\_\_

*Secondary Emergency Contact*

Name and Relation: \_\_\_\_\_

Phone: \_\_\_\_\_