ACKNOWLEDGEMENT AND RELEASE OF LIABILITY

The Navigators sponsors the Journey 2009 Fall Conference at Spring Hill Camp, October 23rd - 25th , 2009 to encourage spiritual and personal development and group fellowship. During this camp, conference, or activity, individuals may have the opportunity to participate in one or more of the following activities: driving to and from conference facilities, swimming, hiking, boating, sports, and other recreational or leisure activities. By signing below, the participant indicates that he/she understands and agrees with the following provisions.

1. I understand and agree that my participation or the participation of my child or dependent, for whom I am legally responsible, in such activities is a voluntary activity entered into for the purpose of personal development and recreation.

2. I RECOGNIZE THAT PARTICIPATING IN THE DESCRIBED EVENT INVOLVES RISK OF AN ACCIDENT AND SERIOUS INJURY TO ME OR MY CHILD OR DEPENDENT. I EXPRESSLY ASSUME ALL RISKS OF PARTICIPATING IN THE EVENT, WHETHER THOSE RISKS ARE KNOWN OR UNKOWN TO ME. I HEREBY WAIVE AND RELEASE, FOR MYSELF, MY HEIRS, FAMILY AND ESTATE, EXECUTORS, ADMINISTRATORS, ASSIGNS, AND PERSONAL REPRESENTATIVES, ANY AND ALL CLAIMS, ACTIONS, LAWSUITS AND PROCEEDINGS THAT I OR MY CHILD OR DEPENDENT MIGHT HAVE AGAINST THE NAVIGATORS AND ANY OF ITS EMPLOYEES, CONTRACTORS, VOLUNTEERS, OFFICERS, DIRECTORS, AGENTS AND REPRESENTATIVES, ARISING OUT OF ANY INJURY THAT I OR MY CHILD DEPENDENT MIGHT SUFFER IN THE COURSE OF PARTICIPATING IN THE EVENT.

3. I understand and agree that I am solely responsible for any medical expenses and other costs and expenses arising out of such injuries. In the event of an apparent medical emergency, I authorize Navigators personnel or volunteers to obtain medical emergency help and agree to be responsible for any cost thereby incurred.

4. I have carefully read this release in its entirety, understand it, and sign it voluntarily; and am over 18 years of age.

_____ _____ Date: _____

Signature Printed Name

Consent To Participation of Minor: By my signature below, I hereby authorize the participation of my child or dependent in the described event. I understand and agree to assume the personal liability for my child or dependent as set forth in the above provisions.

Date: _____ _____

Signature of Parent or Guardian

Medical Insurance Information:

_____ _____ _____ _____

Name of Insurance Carrier Policy Number Group #/ID/# Preferred Provider (Local)

Note: This information is provided to assist in obtaining emergency medical attention for the minor participant listed above. Parents, legal guardians, and participants assume all costs arising from medical services provided by the nearest medical facility, regardless of whether or not the facility is part of the participant's medical insurance plan.

Emergency Contact_____ Relationship to me: _____

Address: _____ Home Phone: _____

_____ Work Phone: _____