

PCM OF GEORGIA / TRI-PRESBYTERY CAMPUS MINISTRY COMMISSION
Waiver of Liability and Consent to Emergency Medical Treatment

I, _____, am voluntarily participating in the Statewide Fall Retreat ("the Retreat") sponsored by Presbyterian Campus Ministries of Georgia (aka: The Tri-Presbytery Campus Ministry Commission of Cherokee, Greater Atlanta, and Northeast Georgia Presbyteries of the Presbyterian Church (USA), from (Start Date) _____ to (end date) _____. In consideration of the opportunity to participate in this Retreat, I hereby agree as follows:

1. I accept and assume all responsibility for my personal actions and any and all risks of property damage or personal injury that may occur during or as the result of my participation, including potential injury while on this retreat.
2. With the above in mind, I agree that PCM of Georgia, its staff members, officers, representatives, assigns, or other agents shall not be liable in any way for any accident, loss, death, injury, or damage to myself or my property in connection with this Retreat, or any portion of this Trip, even if such injury is due to the alleged negligence of PCM OF GEORGIA or its agents. Furthermore, I knowingly and voluntarily waive each and every claim or right of action I have now or may have in the future against PCM OF GEORGIA related to this Retreat.
3. I hereby affirm that I am in good health, will have all medications necessary to treat any allergic or chronic conditions, and that I am able to administer such medications without assistance. If at any time during this Retreat I need emergency medical care and am not able to give consent because of my physical or mental condition, I authorize emergency medical care decisions to be made on my behalf by the leaders of this Trip. I also specifically release PCM OF GEORGIA and its representatives, in making those emergency medical care decisions, from any and all liability associated with such decisions.
4. I have read this document carefully, I agree to the terms contained herein, and I intend to be legally bound by all terms of this Waiver of Liability and Consent to Emergency Medical Treatment.

This _____ day of _____, 20_____.

Signature: _____

Printed Name: _____

Emergency Contact Name: _____

Emergency Contact Phone: _____