



PARTICIPANT RELEASE FORM

I. General Information

Name: _____ Date _____ of _____
Birth: _____
Street: _____
—
City: _____ State: _____ Zip _____
Code: _____
Home _____ Telephone: _____ Work _____
Phone: _____

II. Participant Release Form

I, the undersigned, on behalf of myself, my heirs, executors and administrators, and assigns hereby agree that Shepherd Center or any co-sponsoring organization, facility, of its officers, directors, employees, volunteers or agents, shall not assume or have any responsibility or liability for expenses or medical treatment or for compensation for any injury that I may suffer during or resulting from my participation in this ProMotion Program. Further, I the undersigned, on behalf of myself, my heirs, executors and administrators, and assigns hereby agree to waive, release, indemnify, hold harmless and forever discharge Shepherd Center, its employees and/or agents, from any and all liability and causes of action, including claims for damages, that I may have or that may accrue in connection with my participation in the ProMotion Program.

Signature

Date

Person to contact in case of an emergency:

Name: _____
Relation: _____

Daytime Phone (_____) _____ Evening Phone
(_____) _____