

**Adult Release and Waiver of Liability
Fertile Ground Gathering**

I, _____, do hereby state that I wish to participate in activities sponsored by ShadowGrove Ministries, Inc. (SGSM, Inc.) at the Fertile Ground Gathering. I understand that SGSM, Inc. makes no representations or claims as to the condition or safety of the land, structures or surroundings of the property on which the festival is held, whether or not owned, leased operated or maintained by SGSM, Inc.

I understand that all activities are voluntary and that I do not have to participate unless I choose to do so. I understand that SGSM, Inc. does not provide any insurance coverage for my property. I understand that I am responsible for my safety, my own health care needs, and the protection of my property.

In exchange for allowing me to participate in the activities of the festival, I agree to release from liability, agree to indemnify and hold harmless SGSM, Inc. and any SGSM, Inc. agent, acting within the scope of their duties, for any injuries that may occur to my person or my property.

This release shall be binding on myself, successors in interest, or any person or persons who would attempt to sue on my behalf.

I UNDERSTAND THAT THIS IS A LEGAL DOCUMENT. I HAVE READ, UNDERSTAND, AND AGREE WITH ALL OF THE STATEMENTS AND TERMS IN THIS DOCUMENT. I UNDERSTAND THAT THIS DOCUMENT IS COMPLETE UNTO ITSELF AND THAT ANY ORAL PROMISES OR REPRESENTATIONS MADE TO ME CONCERNING THIS DOCUMENT AND/OR THE TERMS CONTAINED HEREIN ARE NOT BINDING UPON SGSM, INC. OR THE AGENTS OF SGSM, INC. I EXECUTE THIS DOCUMENT VOLUNTARILY AND WITH FULL KNOWLEDGE OF ALL THE MEANINGS CONTAINED HEREIN.

LEGAL NAME (please print)

LEGAL NAME (signature)

DATE: _____

ADDRESS:

PHONE: _____

EMAIL: _____

_____)o(_____

EMERGENCY CONTACT: _____

PHONE: _____

In case of emergency situations, please detail any special needs, food allergies, or medical condition (asthma, diabetes, etc.), which may require immediate action below: