The Moody Bible Institute of Chicago ("Moody") "Guys' Night Out" Trip • Cincinnati, OH • Assumption of Risk and General Release Form

To Participant: Please review, sign and date this form, and bring it when you meet at Castleview Baptist Church to load the bus.

Name of Participant:

Participant Address

Participant Phone (Home)

Phone (Cell)

Participant E-Mail

Activity (The "Activity"): "Guys Night Out" Trip to Great American Ball Park for single Reds' Home Game

Location(s): Round Trip Transportation from Castleview Baptist Church (8601 Hague Rd., Indianapolis, IN 46256) and Great American Ballpark (100 Main St, Cincinnati, OH), and Great American Ballpark

Date(s) of Activity: August 1, 2015

Activity Fee: \$130/participant

If you will be leaving your vehicle at Castleview Baptist Church, please provide the following information for your vehicle: Vehicle make/model/year: License plate # ______State Issued: _____

Please list any physical conditions of which Moody should be aware:	

Please provide 2 Emergency Contacts:

Name	Name	
Relationship to you	Relationship to you	
Phone #	Phone #	

CANCELLATION POLICY, ASSUMPTION OF RISK & GENERAL RELEASE

CANCELLATION POLICY.

I understand that Moody will use a portion of my Activity Fee to purchase a non-refundable ticket for me to attend the Cincinnati Reds game on August 1, 2015 valued at \$85. In the event the game on August 1, 2015 is cancelled, I understand Moody will not provide me a refund for the value of the ticket.

ASSUMPTION OF RISK & GENERAL RELEASE

I have chosen voluntarily to participate in the above-described Activity, including, without limitation, any and all activities and travel associated with the Activity identified above (collectively, the "Trip") organized by The

Moody Bible Institute of Chicago ("Moody"). This Release confirms my understanding of the following:

Risks of Travel. I understand that participation in the Trip may involve risks. These include, without limitation, risks involved in traveling to, from, and within the Trip destination, including in a vehicle owned or hired by Moody, as well as risks generated by the activities in which I engage while on the Trip. I recognize that these potential risks include, for example, illnesses, injuries and even death. I will take every precaution to safeguard my health and to protect my personal belongings from damage or theft. I understand that, although Moody has organized the Trip, it cannot eliminate all risks or guarantee the safety of me or my property while I am participating in the Trip. I have made my own investigation of these risks, understand these risks, and assume them knowingly and willingly.

GENERAL RELEASE. Knowing the risks described above and in consideration of and return for the services, facilities, and other assistance provided to me by Moody in this Activity, I agree, for myself and on behalf of my family, heirs, personal or legal representative(s), and assigns (collectively, the "Releasor"), to assume all risks and responsibilities surrounding my participation in the Trip and, to the maximum extent permitted by law, RELEASE, WAIVE and DISCHARGE The Moody Bible Institute of Chicago, its officers, directors, employees and agents (collectively, the "Releasees") from and against any and all liability, claims, damages, suits and causes of action that Releasor may now or hereafter have against Releasees arising out of my participation in Trip, including, without limitation, injury, harm, or death to me, loss or damage to my property, any acts or failures to act negligence, mistake, or failure to supervise by the Releasees.

I recognize that this Release means that Releasor is giving up, among other things, rights to sue the Releasees for injuries, damages, or losses that I may incur. I also understand that this Release binds me, my heirs, executors, administrators, and assigns. I have read this entire Release, I fully understand it and I agree to be legally bound by it.

THIS IS A RELEASE OF YOUR RIGHTS. READ CAREFULLY BEFORE SIGNING.

I certify that I am age 18 or older. I have carefully read, understand, and voluntarily sign this Cnacellation Policy, Assumption of Risk and General Release Form.

PARTICIPANT NAME:	
(PLEASE PRINT)	
PARTICIPANT SIGNATURE:	DATE:
IF PARTICIPANT IS UNDER 18 YEARS OF AGE THIS REI	LEASE MUST BE SIGNED BY A PARENT OR GUARDIAN.
PARENT/ GUARDIAN:	
(PLEASE PRINT)	
PADENT/CHADDIAN SICNATUDE	DATE: