



TRUTH QUEST "TRUTH & UNITY" 2023 REGISTRATION FORM

148 S. Marina St. Prescott, Az 86303 | www.truthquestprescott.org | (928) 778-9790

First & Last Name* _____ Circle one: M/F Age _____

Address (mailing) _____ Unit # _____

City _____ State _____ Zip _____

Church (no abbreviations) _____

Grade in Fall 2023 (6th-12th) _____

Student Email (Optional) _____



Parent First & Last Name:* _____

Parent Phone* _____

Parent Email (Optional) _____

Emergency Contact Name:* _____ **Phone:*** _____

Initial box if your child does NOT have permission to receive over-the-counter medications at Truth Quest:

Notes: _____

Does participant have any medical conditions or allergies that we need to be aware of? _____

If so, explain: _____

I do hereby release, forever discharge and agree to hold harmless Solid Rock Christian Fellowship, the directors, the employees, volunteers and agents thereof, from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the participant that occur while said person is participating in the above described activity, including recreation, including for any liability sustained by said acts of said participant, including expenses incurred attendant thereto. I understand that Truth Quest is an open campus event. Also please note by signing this you are authorizing the possible photographing or videotaping of your child during various events.

Participant Signature:* _____ **Date:** _____, 2023

FOR STUDENTS: Parent Signature* _____ **Date:** _____, 2023

All fields marker * are required



Adventure Encounter 551 N Main Street, Cottonwood, AZ 86326
602-448-7571 / www.oactours.com

Acknowledgement of Risk and Consent Release of Liability

I HEREBY ACKNOWLEDGE that I/we have voluntarily agreed to participate in an outdoor activity that may include overnight camping, group transportation, kayaking, river running, rappelling and rope activities, rock climbing, hiking, cliff jumping, stand-up paddleboard activities, caving, biking, team building, inflatables, and/or other outdoor or extreme sports activities and acknowledge I have been offered safety gear for each activity I am participating in.

I am aware of current health and safety recommendations and agree to do my part with sanitizing, hygiene and awareness.

I UNDERSTAND AND ACCEPT that participation in these activities involves risk of damage to my property and/or my physicality, (including my mental state), exposing me to possible illness, serious injury, permanent disability and even death.

Risks and hazards include, but are not limited to the natural wilderness, rough terrain, plant and animal life, fast flowing currents, weather conditions, dropped equipment, failure to obey instructions, and/or unforeseen defects in equipment and facilities. I understand that such injuries and losses may result not only from naturally occurring conditions, but also from my own actions, and/or the actions, negligence, or fault of others.

To the best of my knowledge, I can fully participate in and/or observe this activity. I hereby elect to voluntarily participate in activities with this equipment, and to enter the activity and engage in such activity knowing that the activity may be hazardous to my property or to myself. I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISKS OF LOSS, PROPERTY DAMAGE OR PERSONAL INJURY, INCLUDING DEATH, that may be sustained by me or other participants, or any loss or damage to property owned by me, because of being engaged in such an activity, whether physical, mental, spiritual, or emotional.

I HEREBY RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE Outdoor Adventure Centers, OAC Tours, Adventure Encounter, Youth Alive Ministries, American Rescue and Safety LLC, property owner/management and their officers, servants, agents, and employees or any affiliates (hereinafter referred to as RELEASEES) and I release them from any and all liability, claims, demands, actions and cases of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by me or any property belonging to me. It is my express intent that this "Acknowledgement of Risk and Consent Release of Liability Agreement" shall bind the members of my family and spouse or significant other (if any), if I am alive, and my heirs, assigns, and personal representative, if I am not alive, and shall be deemed as a RELEASE, WAIVER, DISCHARGE, AND COVENANT NOT TO SUE Outdoor Adventure Centers, OAC Tours, Adventure Encounter, Releasees. I hereby further agree that this "Acknowledgement of Risk and Consent Release of Liability Agreement" shall be construed in accordance with the laws of the state of Arizona.

I further hereby AGREE TO INDEMNIFY AND HOLD HARMLESS THE RELEASEES from any loss, liability damage or costs, including court costs and attorney's fees that may incur due to my participation in these activities. I UNDERSTAND THAT OAC Tours, Youth Alive Ministries, and/or Adventure Encounter any staff or affiliates WILL NOT BE RESPONSIBLE FOR ANY MEDICAL COSTS ASSOCIATED WITH ANY INJURY I MAY SUSTAIN.

MEDIA RELEASE: I understand that there are photos and/or videos taken during events and activities for my benefit *as a courtesy* and there is no compensation to or from me by OAC Tours or Adventure Encounter and I give permission for my picture to be utilized for internal and/or promotional use.

I HAVE CAREFULLY READ THIS ACKNOWLEDGEMENT OF RISK and fully understand its contents. I am aware that I am releasing certain legal rights that I otherwise may have had and have entered into this contract on behalf of myself and/or my family of my own free will. Prior to signing this Agreement, I have had the opportunity to ask any and all questions. I am at least eighteen (18) years of age and fully competent, and I execute the Release for full, adequate, and complete consideration fully intending to be bound by the same.

This contract shall be legally binding upon me, my heirs, estate, legal guardian and/or my personal representatives.

Participant Name

Participant Signature

Responsible Party Printed Name

Responsible Party Signature

Signed this _____ day of _____, 20____