

LIABILITY WAIVER
Experiential Dynamics, Inc.

Participant's Name: _____

Emergency Phone Number: _____

Location of Event: Delaware County Christian School - Devon, PA

Date of Event: July 28, 2011

Description of event and activities involved:

Adventure-based activities including, but not limited to:

I, _____ or we, parents/legal guardians of _____, Hereby acknowledge and request that I (or my child) participate in the above described sponsored activity by Experiential Dynamics, Inc., at Delaware County Christian School in Devon, Pa., or other such accepted sites of Experiential Dynamics, Inc. It is understood that the above-described activity will be physical in nature and as with all physical activities, there exists certain risks and possibility of injury. I (we) hereby grant the authority for the staff of Experiential Dynamics, Inc. to render medical care (within their standards of care) if necessary, to transport and secure medical care or myself (or my child) in the event that medical attention is needed.

Furthermore, I (we) do hereby agree to hold harmless from any and all liabilities, losses, expenses, or damages incurred: (1) D. Craig Erb, Experiential Dynamics, Inc. and any staff members, employees, or their estates, (2) Delaware County Christian School, its trustees, employees, and agents, other such accepted sites of Experiential Dynamics, Inc. I (we) also waive, release and forever discharge any and all rights and claims for damages, which we have or which may hereafter accrue to us arising out of these incidents.

I (we), the undersigned, have read, understood and agree to the above.

Parents'/Guardians' Signature: _____

Participant's Signature: _____

(If 18 years of age or older)

Date: _____