**Acknowledgement of Release from Liability**

I hereby give my approval for my child(ren)’s participation in any and all activities prepared by Muddy Boots Ministry during the selected program dates/times and understand that there may be times my child(ren) may not be in direct supervision.

As children will be active, playing, exploring, and risk-taking, they may get hurt. Risk of injury includes, but is not limited to, fractures, paralysis, and death.

BY REGISTERING MY CHILD(REN) IN SELECTED DATES/TIMES AT MUDDY BOOTS (A "PROGRAM" FOR MEMBERS), I ASSUME ALL RISK AND HAZARDS INCIDENTAL TO THE CONDUCT OF ANY AND ALL PROGRAMS, AND INDEMNIFY, RELEASE, ABSOLVE AND HOLD HARMLESS MUDDY BOOTS MINISTRY AND ALL ITS RESPECTIVE MANAGERS, MEMBERS, LESSORS, OFFICERS, DIRECTORS, EMPLOYEES, AFFILIATES, AGENTS, CONTRACTORS, AND REPRESENTATIVES FROM ANY AND ALL CLAIMS, LIABILITY, OR INJURIES TO SAID CHILD(REN) ARISING OUT OF, TRAVELING TO, PARTICIPATING IN, OR RETURNING FROM ANY AND ALL PROGRAMS.

IN NO CASE SHALL MUDDY BOOTS MINISTRY, MANAGERS, MEMBERS, LESSORS, OFFICERS, DIRECTORS, EMPLOYEES, AFFILIATES, AGENTS, CONTRACTORS, AND REPRESENTATIVES BE LIABLE FOR ANY DIRECT, INDIRECT, INCIDENTAL, PUNITIVE, SPECIAL, OR CONSEQUENTIAL DAMAGES ARISING FROM ANY CLAIM RELATED IN ANY WAY TO YOUR CHILD’S PARTICIPATION IN A PROGRAM.

**Medical Release and Authorization**

Muddy Boots Ministry staff are First Aid and CPR certified. In the event that a medical situation is minor and/or necessary, I authorize Muddy Boots Ministry to care for my child. In the event that a situation requires medical attention, I will be called immediately.

I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if I cannot be reached, I hereby authorize Muddy Boots Ministry to have my child transported to the nearest medical care facility and to secure necessary medical treatment for my child as determined by Muddy Boots staff.

**Confirmation**

I HAVE READ AND ACCEPT ACKNOWLEDGEMENT AND RELEASE FROM LIABILITY, AND MEDICAL RELEASE AND AUTHORIZATION.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Print name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_