GOOD SAMARITAN MINISTRIES - MAN CAMP 2025 RELEASE OF LIABILITY, WAIVER OF CLAIMS, AND INDEMNIFICATION AGREEMENT

Date of Event: November 15, 2025

Location:

40700 NW Vision Ridge Ln, Banks, OR 97106 Private property of Dean and Lori Trump

IMPORTANT - READ CAREFULLY BEFORE SIGNING

This is a legal agreement. By signing this document, you acknowledge and accept the risks associated with participating in the physical and spiritual activities of this event, and you agree not to hold certain individuals and organizations liable for any harm that may result.

1. Acknowledgement of Risk

I, the undersigned participant, acknowledge that my participation in the **GSM Man Camp**, hosted by **Good Samaritan Ministries (GSM)**, involves physically demanding activities such as a boot camp, outdoor challenges, and other rigorous exercises that carry inherent risks of injury, illness, or even death.

I understand the event is being held on **private property** and involves natural terrain and physical exertion. I represent that I am in good health and physically able to participate. I take full responsibility for monitoring my own physical limits during the event.

2. Release and Waiver

In consideration of my participation in this event, I hereby voluntarily waive, release, discharge, and hold harmless the following individuals and organizations (the "Released Parties") from any and all liability, claims, demands, or causes of action, now known or later discovered, for any injury, illness, damage, or loss arising out of or related to my participation:

Released Parties include:

- Good Samaritan Ministries (GSM) and its officers, employees, contractors, agents, and volunteers
- Dean and Lori Trump, property owners and their heirs or representatives
- Dean and Lori Trump's property insurance company
- Nick Ward, facilitator and their heirs or representatives
- Chris and Claudia Dean, facilitators, and their heirs or representatives

This waiver applies regardless of whether the injury or loss is caused by negligence (except gross negligence or willful misconduct) and includes any injury or damage occurring while traveling to or from the event.

3. Indemnification

I agree to indemnify and hold harmless all Released Parties from and against any and all claims, suits, losses, damages, liabilities, and expenses (including reasonable attorneys' fees) that may arise as a result of my actions, conduct, or failure to follow event safety instructions.

4. Emergency Medical Consen	4.	Em	erge	ncy N	1edio	cal C	onsei	nt
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Date: _____

In the event of an injury or medical emergency, I authorize the organizers to seek emergency medical care and treatment on my behalf. I understand that I am solely responsible for all medical costs incurred as a result of such care.

5. Media Release (Optional) ☐ I grant GSM permission to use any photographs or vio event for promotional, educational, or nonprofit purpos	_
6. Legal Age and Binding Agreement I affirm that I am 18 years of age or older and fully comp have read this document in its entirety and understand agreement shall be binding upon me and my heirs, execusions.	its legal consequences. This
Participant Information & Signature	
Full Name:	
Phone Number:	
Email Address:	-
Emergency Contact Name:	Phone:
Signature:	