

**RELEASE OF LIABILITY FOR INJURY
ACA 12 STEP FALL MOUNTAIN RETREAT
SEPTEMBER 21, 22, & 23 2018 ANGELUS OAKS, CA**

1. ACA SHALL NOT BE LIABLE FOR ANY DAMAGES OR INJURIES ARISING FROM MY PARTICIPATION IN THE 2018 12 STEP FALL MOUNTAIN RETREAT.
2. I understand that there is a risk of personal injury involved in attending and participating in the events and meetings of said retreat. I hereby certify that I am in good physical condition and take full responsibility for my actions as a result of my participation in said Retreat. I hold harmless and indemnify, including legal fees, ACA World Service, Orange County ACA Intergroup and all of its officers, and the members of the ACA Fall Mountain Retreat Committee.
3. I understand that I am fully responsible for any lost, stolen or damaged property of mine while participating in the Retreat.
4. I HAVE READ AND FULLY UNDERSTAND AND ACKNOWLEDGE THIS RELEASE OF LIABILITY FOR INJURY WAIVER.

PLEASE PRINT Name _____

Signature _____

Full Address with Zip Code _____

Home Phone # _____ Cell Phone # _____

Email _____

EMERGENCY CONTACT

Name _____

Relationship _____

Phone # _____

Date _____