

**LIABILITY WAIVER**  
Thom Stecher and Associates. Inc.  
Experiential Dynamics, Inc.

Participant's Name:

Emergency Phone Number:

Location of Event:

Date of Event:

Description of event and activities involved: adventure-based activities.

I, \_\_\_\_\_, hereby acknowledge and request that I participate in the above described sponsored activity by Experiential Dynamics Inc. and Thom Stecher and Associates Inc. at Delaware County Christian School in Devon, PA, or other such accepted sites of Experiential Dynamics Inc. or Thom Stecher and Associates 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 hereby grant the authority for the staff of Experiential Dynamics Inc., Thom Stecher and Associates Inc. to render medical care (within their standards of care) if necessary, to transport and secure medical care of myself in the event that medical attention is needed.

Furthermore, I do hereby agree to hold harmless from any and all liabilities, losses, expenses, or damages incurred: (1) D. Craig Erb, Experiential Dynamics, Inc. Thom Stecher and Associates Inc., Thom Stecher 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 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, the undersigned, have read, understood and agree to the above.

Participant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_