

**Horseback Adventure  
Clergy Recovery Network  
Health Waiver**

I, \_\_\_\_\_ declare I am healthy. I am not aware of any health issues or limitations which preclude me from participating in a wilderness horseback adventure hosted by the Clergy Recovery Network which have not been expressly described in my application. By stating this I am also affirming my physician(s) agree with this assessment. Additionally I am covered by health insurance which is in force now and will be in force at the time of the wilderness adventure. A copy of the front and back of my health insurance card will be faxed to the CRN office or scanned and emailed with this Health Waiver.

I understand and fully agree any accident, injury or personal health issue which I may incur arising out of my participation in a Montana Horseback Adventure with the Clergy Recovery Network which is not directly attributable to the gross negligence of the Clergy Recovery Network, its Director, Dale O. Wolery, its volunteers, employees, or agents is fully and completely my financial responsibility. I am aware such wilderness adventures on horseback have inherent risks and I accept full responsibility for my personal health and safety. This includes but is not limited to any transportation costs resulting from or associated with my accident, injury or health issue.

I agree therefore to hold the Clergy Recovery Network, its Director, Dale O. Wolery, its volunteers, employees, and agents harmless for any health or accident issue as defined above. Therefore the Indemnification and Defense which I have signed is especially true for me, my heirs and my representatives with respect to my personal health and accident issues.

It may be assumed by the Clergy Recovery Network personnel and any court of law my faxing or scanning of this document does not diminish its reliability and enforceability in any way.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name