

# MARITIME MINISTRIES, INC.



**This Covenant MUST be completed, signed and returned before you can participate as a guest or a crew member on the sailing vessel “Praise The Lord”.**

WHEREAS, the undersigned will be cruising on the sailing vessel “Praise The Lord” in whole or in part by Maritime Ministries, Inc., a non-profit corporation.

WHEREAS, the undersigned desires to release and hold harmless Maritime Ministries, Inc., its directors, volunteers and staff from any and all claims, demands or actions because of injury or illness to the undersigned.

NOW, THEREFORE, in consideration of the undersigned participating with Maritime Ministries, Inc., the undersigned hereby releases and discharges Maritime Ministries, Inc., its directors, officers, volunteers and staff from all claims present and future, known and unknown, in any matter arising out of such participation and the undersigned specifically assumes all risk involved in travel and cruising.

The undersigned will never institute any action or suit at law or in equity against Maritime Ministries, Inc., its directors, officers, volunteers and staff nor institute, prosecute or in any way aid in the institution or prosecution of any claim, demand, action or cause of action for damages, cost, loss of service, expenses or compensation for or on account of any damage, loss or injury either to person or property, or both, whether developed or undeveloped, resulting or to result, known or unknown, past or in present or future, arising out of the undersigned cruising or working with Maritime Ministries, Inc.. I further give my permission to use my quotes, pictures or videos bearing my likeness to be used in promotional activities by Maritime Ministries, Inc., without compensation on my behalf.

**I fully understand this Covenant and being a guest or crew member on the sailing vessel, “Praise The Lord” I sign my name below in agreement:**

**Signature:** \_\_\_\_\_ **Print Name:** \_\_\_\_\_ **Date:** \_\_/\_\_/\_\_  
(if under 18 a parent or guardian must sign)

**Witness Signature:** \_\_\_\_\_ **Print Name:** \_\_\_\_\_ **Date:** \_\_/\_\_/\_\_

**Cruise Dates:** \_\_/\_\_/\_\_ **to:** \_\_/\_\_/\_\_ **Group or Organization:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Can you swim, tread water or stay afloat?** Yes No (circle one)

**Do you have allergies/medical conditions we should be aware of?** Yes No (circle one)

**If yes, please provide details:** \_\_\_\_\_

**Would you like to be included on our mailing list?** Yes No (circle one)