

# Ascension Lutheran Church Permission Form

Field Trip Information: Ascension Lutheran Church, WhoaZone Trip

Date: July 29, 2025 **12pm-5pm.**

Location: Drop off and pick up at Ascension Lutheran Church  
8695 Gratiot Rd., Saginaw, MI 48609

Purpose: Fun and Fellowship

Cost: \$20, paid by July 15, 2025

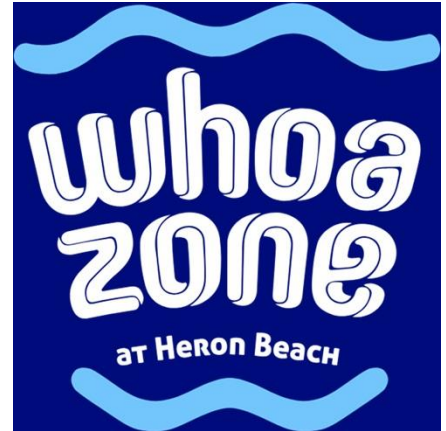
Cash or check payable to: Ascension Lutheran Church

Means of Transportation: Carpool

Arrive for departure at Ascension: July 29, 2025 at **11:45 a.m.**

Special Instructions: Bring sunscreen, swimsuit, towel, hat, dry clothes to wear home, bag for wet suit/towel, snacks & drinks for beach-time fun! Bottled water in cooler provided.

Contact: Pastor Julie Bailey (989) 574-5663



*Save this portion of the form for future reference. Return bottom portion to Pastor Julie Bailey/church office*  
*Cut here----- Cut here*

\_\_\_\_\_ has permission to attend the WhoaZone Trip on July 29, 2025 from 12 p.m. until 5:00 p.m.

Emergency Contact: \_\_\_\_\_ Contact Number: \_\_\_\_\_

I give my permission for \_\_\_\_\_ to receive emergency medical treatment. In an emergency, please contact:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Allergies: \_\_\_\_\_ Physician: \_\_\_\_\_

Medications: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ \$20 Paid by July 15, 2025

## Covenant for Attendees

1. As members of a Christian community, all participants show concern and respect toward others who are also attending. This extends to the staff of the park, the driver, and all those who make this event possible.
2. All participants will be responsible for being to check ins during the appropriate times, and be on time when it is time to leave the church and the park.
3. Participants are prohibited from any illegal use or possession of tobacco, alcohol, and drugs.
4. The church does not take responsibility for lost or stolen items. Anything of value should not be brought on this trip.
5. Rules of the park will be followed.

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



ERM-HOLLY, LLC d.b.a.  
WhoaZone at Heron Beach

## INDEMNIFICATION AND RELEASE OF LIABILITY

In consideration of being allowed to use the facilities and participate in the Sports Park and other activities provided by ERM-HOLLY, LLC, d.b.a. WhoaZone at Heron Beach ("WHOAZONE"), the Participant and/or the Participant's parent or legal guardian if the Participant is a minor, do hereby agree as follows:

I, the undersigned Participant, am using WHOAZONE equipment and participating in WHOAZONE activities, including, but not limited to, the Wibit Sports Park, Stand Up Paddleboards, Kayaks, Pedal Boats, and other activities (collectively, the "Activities"), at my own risk. **I understand and acknowledge that there are inherent risks involved with the Activities, including, but not limited to, bruises, scrapes, lacerations, burns, sprains, fractured or broken bones, as well as other head/brain, face, neck, back/spine injuries, including drowning and death and/or actual or alleged contracting of any communicable bacterial or viral based diseases, including COVID-19. I am aware that using or participating in the Activities requires physical exertion and such exertion on the body may reinjure or aggravate pre-existing physical injuries, conditions, or congenital defects, and that the Activities are conducted in an outdoor environment where insects, small animals, etc. are present. I voluntarily assume these and any related risks inherent in my participation in the Activities by signing below.**

**IN FULL RECOGNITION OF THE INHERENT RISKS INVOLVED WITH THE ACTIVITIES, WHICH RISKS I VOLUNTARILY ASSUME, I HEREBY INDEMNIFY, HOLD HARMLESS AND RELEASE WHOAZONE, ITS MEMBERS, AGENTS, EMPLOYEES, OFFICERS, DIRECTORS, OWNERS AND/OR OPERATORS (COLLECTIVELY, "WHOAZONE STAFF"), FROM ALL INJURIES, DAMAGES, CLAIMS, DEMANDS, AND/OR CAUSES OF ACTION (COLLECTIVELY, "CLAIMS"), FOR ANY LOSS, DAMAGE, ILLNESS OR INJURY, INCLUDING DROWNING AND DEATH, WHETHER SUSTAINED BY MYSELF, A MEMBER OF MY FAMILY OR MY PROPERTY HOWEVER CAUSED, INCLUDING, BUT NOT LIMITED TO, FAULT OR NEGLIGENCE (EXCEPT GROSS NEGLIGENCE, WILLFUL/WANTON OR INTENTIONAL CONDUCT, OR ILLEGAL ACTS) BY WHOAZONE AND/OR WHOAZONE STAFF IN CONNECTION, DIRECTLY OR INDIRECTLY, WITH THE ACTIVITIES. THIS INDEMNIFICATION AND RELEASE SHALL BE BINDING UPON ME, MY HEIRS, EXECUTORS, ADMINISTRATORS, AND/OR ASSIGNS.**

I further agree that I am personally liable and responsible for paying WHOAZONE for any and all damage to WHOAZONE property that I may cause, whether caused negligently, recklessly or intentionally, while using or participating in the Activities, including, but not limited to, damage to any WHOAZONE equipment or other WHOAZONE property, any loss of WHOAZONE equipment or loss of use of equipment, any claims for diminution in value of any WHOAZONE equipment, and/or the cost of repair or replacing any WHOAZONE equipment. **I authorize WHOAZONE, at WHOAZONE'S discretion, to bill any such charges or costs directly to my credit card or to my account without further notice to me.**

I understand and acknowledge that WHOAZONE and the Activities are self-guided, and that I am required to attend a mandatory safety rules briefing prior to using or participating in any of the Activities. I understand that WHOAZONE Staff are available to answer any questions I may have regarding WHOAZONE equipment and/or proper use of such equipment.

I further understand and acknowledge that I am required to wear the Coast Guard approved lifejacket, supplied by WhoaZone, at all times, while using or participating in the Activities. If I choose to provide my own lifejacket, I understand WHOAZONE staff has the sole right to reject any lifejackets that appear poorly fitting or unsafe and I am solely responsible for any direct or indirect injuries or otherwise that are influenced by using any non-WHOAZONE issued lifejacket. If I am unwilling or unable to follow the safety rules or wear a lifejacket while using or participating in the Activities, I understand and acknowledge that WHOAZONE, at WHOAZONE'S discretion, may immediately restrict my use of or participation in the Activities and/or require me to leave the WHOAZONE premises. I acknowledge that once I have completed the safety rules briefing, no refunds will be made for WHOAZONE or the Activities.

I also waive and release any claims I may have related to the use of recorded media of me at WHOAZONE including, without limitation, any right to approve any photos, videos or audio recordings of me, any claims of privacy, violation of the right of publicity, defamation, copyright infringement and/or collection of any compensation (fees) for use of such recorded media.

This Indemnification and Release shall be governed by the laws of the State of Michigan. I agree that any Claims I may bring against WHOAZONE shall be submitted to the jurisdiction of the courts of Oakland County, Michigan and that no Claims against WHOAZONE shall be brought in any other jurisdiction. I also agree that if any part of this Indemnification and Release is deemed unenforceable, all remaining parts shall remain in full force and effect. I agree that WHOAZONE has made no warranties, expressed or implied, to me beyond those, if any, contained in this Indemnification and Release.

**I, THE UNDERSIGNED PARTICIPANT, HAVE READ AND UNDERSTAND THIS INDEMNIFICATION AND RELEASE OF LIABILITY. I UNDERSTAND THAT BY SIGNING THIS RELEASE AND USING OR PARTICIPATING IN THE ACTIVITIES, I HAVE WAIVED AND SURRENDERED CERTAIN LEGAL RIGHTS. I HAVE SIGNED THIS AGREEMENT VOLUNTARILY.**

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Participant: \_\_\_\_\_

IF PARTICIPANT IS A MINOR (Under 18): **Parent or Guardian must ALSO** sign.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Participant Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

## **RULES AND REGULATIONS**

All participants who visit WHOAZONE must use common sense at our facility and use of the features that we provide for your enjoyment. If a participant has any questions, they should let the WHOAZONE staff know right away. In addition, all persons must follow the rules below when at WHOAZONE.

- Each guest or an authorized guardian for children under 18 years of age must complete a WHOAZONE Release of Liability form before starting the course; **PARENT/GUARDIAN SIGNING ABOVE ACCEPTS FULL RESPONSIBILITY FOR EXECUTING THIS WAIVER FOR THE SHOWN MINOR PARTICIPANT REGARDLESS OF HIS OR HER BEING A FAMILY MEMBER OF THE SIGNOR.**
- Guests must wear a USCG Personal Flotation Device (PFD) and keep it buckled and zipped at all times.
- Sharp objects (such as jewelry, hairpins, etc.) or other dangerous materials are not permitted.
- Tobacco and alcohol are not permitted anywhere in the park.
- No refunds will be granted.
- Anyone who appears to be under the influence of drugs or alcohol may not participate in the WHOAZONE.
- Pregnant women are prohibited from going on the WHOAZONE course.
- The Host reserves the right to remove anyone who disregards the safety rules. There will be no refunds if such action is required.
- ERM – Holly, LLC reserves the right to close the WHOAZONE without refund at any time due to inclement weather deemed unsafe for guests.
- Cell phones are prohibited on the WHOAZONE challenge course. Please make appropriate arrangements for these and other personal items before entering the course. The Host is not responsible for lost or damaged personal items.
- Absolutely no one is allowed to dive under the WHOAZONE to retrieve a lost item.
- **Failure to abide by posted WHOAZONE rules may result in revoked privileges to participate.**