



Waiver and Release of Liability Form

Participant Information:

Full Name: _____
Date of Birth: _____
Address: _____
City: _____
State: _____
Zip Code: _____
Phone Number: _____
Email Address: _____

Parent/Legal Guardian Information:

Full Name: _____
Relationship to Participant: _____
Address: _____
City: _____
State: _____
Zip Code: _____
Phone Number: _____
Email Address: _____

In consideration of being allowed to participate in any and all trainings and activities at "The Spot" organized by His Hope Ministries, I, the undersigned participant or parent/legal guardian on behalf of the participant, acknowledge and agree to the following terms and conditions:

Assumption of Risk: I understand and acknowledge that participation in trainings and activities at "The Spot" may involve certain risks, including but not limited to physical injury, illness, or property damage. I voluntarily assume all risks associated with such participation.

Release and Waiver: I hereby release, discharge, and hold harmless His Hope Ministries, its directors, officers, employees, volunteers, and agents from any and all claims, demands, causes of action, losses, damages, liabilities, costs, and expenses (including attorney's fees) arising out of or related to any injury, illness, or property damage that may occur during or as a result of my participation in trainings and activities at "The Spot."

Indemnification: I agree to indemnify and hold His Hope Ministries, its directors, officers, employees, volunteers, and agents harmless from any and all claims, demands, causes of action, losses, damages, liabilities, costs, and expenses (including attorney's fees) arising out of or related to any injury, illness, or property damage caused by my negligent or intentional acts or omissions during my participation in trainings and activities at "The Spot."

Medical Treatment: In the event of an emergency, I authorize His Hope Ministries and its representatives to obtain medical treatment, including but not limited to first aid, CPR, and administration of medication, for myself or the participant. I understand that reasonable efforts will be made to contact the emergency contact provided, but if unable to do so, I consent to the medical treatment deemed necessary by medical professionals.

Photography and Publicity: I consent to the use of any photographs, videos, or other media captured during my participation in trainings and activities at "The Spot" for promotional and publicity purposes by His Hope Ministries, without any compensation to me or the participant.

Governing Law and Jurisdiction: This waiver and release of liability shall be governed by and construed in accordance with the laws of [State], without regard to its conflict of laws principles. Any legal action or proceeding arising out of or relating to this waiver and release of liability shall be brought exclusively in the courts of [State].

I have carefully read and understand this waiver and release of liability form. I am aware that by signing below, I am giving up certain legal rights and remedies. I voluntarily agree to its terms and conditions.

Participant's Signature: _____ Date: _____

Parent/Legal Guardian's Signature (if participant is under 18 years old): _____
Date: _____