

Hope Worship Center Accident Waiver and Release of Liability Form

Name of the Activity or Event: _____ **Date** _____

I HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATION AND/OR VOLUNTEERING IN THIS ACTIVITY OR EVENT, including any risks that may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained, or controlled by them, or because of their possible liability without fault.

I certify that there are no health-related reasons or problems which preclude my participation in this activity or event.

I acknowledge that this Accident Waiver and Release of Liability Form will be used by the event holders, sponsors, and organizers of the activity or event in which I may participate, and that it will govern my actions and responsibilities at said activity or event.

I WAIVE, RELEASE, AND DISCHARGE from any and all liability arising from the negligence or fault of the entities or persons released, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me including my traveling to and from this event.

I INDEMNIFY, HOLD HARMLESS, AND WILL NOT SUE the entities, or persons mentioned in this Hope Worship Center activity. I RELEASE THEM from any and all liabilities or claims made as a result of participation in this activity or event, whether caused by the negligence of release or otherwise.

I acknowledge that this activity or event may involve risks caused by terrain, facilities, temperature, and weather condition of participants, equipment, vehicular traffic actions of other people and lack of hydration.

I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident, and/or illness during this activity or event.

The accident waiver and release of liability shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I CERTIFY THAT I HAVE READ THIS DOCUMENT, AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.

PRINT Participant's Name and AGE

Signature (if under 18 years old, parent or guardian must also sign) DATE

Full Name

Address

Insurance Information – Name of Company, Policy Owner and Policy Number

Emergency Number Name and Relationship

Emergency Number Name and Relationship