



Release and Waiver of Liability Form for Adults

I, the undersigned, along with named participants on the registration form (hereafter referred to as "we" or "us" or "our") will be participating in Faith and Freedom Fest (hereafter the "activity") at **The Church on the Hill/Bellevue 1st Assembly of God** on July 4th 2025.

I/We recognize that there are risks involved in participating in this activity and hereby assume all risk of injury, harm, damage, or death in connection with my/our participation in this activity. I/We understand and agree that neither **The Church on the Hill/Belleview 1st Assembly of God** nor its trustees, officers, directors, employees, agents or representatives may be held liable in any way for any injury, harm, damage, or death that may occur to me as a result of my participation in this activity and hereby release **The Church on the Hill**, its trustees, officers, directors, employees, agents and representatives from any injury, harm, damage or death, which may occur while I am participating in this activity. To the fullest extent permitted by law, I/We agree to save and hold harmless **The Church on the Hill/Belleview 1st Assembly of God**, its trustees, officers, directors, employees, agents and representatives from any claim by myself/ourselves, my/our estate, heirs, successors, assigns or other persons arising out of my/our participation in this activity.

I/We authorize **The Church on the Hill/Belleview 1st Assembly of God** through its trustees, officers, directors, employees, agents or representatives to render or obtain such emergency medical care or treatment for me/us as may be necessary should any injury, harm or accident occur to me while participating in this activity.

IF APPLICABLE:

{I/We understand and acknowledge that **The Church on the Hill/Bellevue 1st Assembly of God** does not provide health or medical insurance in connection with the activity and I/we agree that I will be financially responsible for any bills incurred as a result of medical treatment, including emergency medical treatment and/or transportation to a medical facility, in connection with my participation in this activity.}

Executed this _____ day of _____, 20__.

Signature _____

Printed Name _____



(07.01.08)

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