

# WAIVER AND RELEASE OF LIABILITY

IN CONSIDERATION OF the risks of injury that exists while participating in S.T.A.R. SATURDAY SERVE DAY (hereinafter the "Activity") and

IN CONSIDERATION OF my desire to participate in said activity and being given the right to participate in same;

I HEREBY for myself, my heirs, (parents/guardians if under 18), knowingly and voluntarily enter in to this WAIVER AND RELEASE OF LIABILITY and hereby waive any and all rights, claims or causes of action of any kind arising out of my participation in the activity; and

I HEREBY release and forever discharge DISCOVERY CHURCH, located at 2201 Startown Rd, Hickory, North Carolina 28658, their affiliates, managers, members, agents, attorneys, staff, volunteers, heirs, representatives, predecessors, successors and assigns (collectively "Releasees"), from any physical or psychological injury that I may suffer as a direct result of my participation in the aforementioned Activity.

I AM VOLUNTARILY PARTICIPATING IN THE AFOREMENTIONED ACTIVITY AND I AM PARTICIPATING IN THE ACTIVITY ENTIRELY AT MY OWN RISK. I AM AWARE OF THE RISKS ASSOCIATED WITH PARTICIPATING IN THIS ACTIVITY, WHICH MAY INCLUDE, BUT ARE NOT LIMITED TO PHYSICAL OR PSYCHOLOGICAL INJURY, PAIN, SUFFERING, ILLNESS, DISFIGUREMENT, TEMPORARY OR PERMANENT DISABILITY (INCLUDING PARALYSIS), ECONOMIC OR EMOTIONAL LOSS, AND DEATH. I UNDERSTAND THAT THESE INJURIES OR OUTCOMES MAY ARISE FROM MY OWN OR OTHERS' NEGLIGENCE, CONDITIONS RELATED TO TRAVEL TO AND FROM THE ACTIVITY, OR FROM CONDITIONS AT THE ACTIVITY LOCATIONS(S). NONETHELESS, I ASSUME ALL RELATED RISKS, BOTH KNOWN AND UNKNOWN TO ME, OF MY PARTICIPATION IN THIS ACTIVITY.

I AGREE to indemnify, defend, and hold harmless the Releasees against any and all claims, suits or actions of any kind whatsoever for liability, damages, compensation or otherwise brought by me or anyone on my behalf, including attorney's fees and any related costs.

I FURTHER ACKNOWLEDGE, that Releasees are not responsible for errors, omissions, acts or failures to act of any party or entity conducting a specific event or activity on behalf of Releasees. In the event that I should require medical care or treatment, I authorize Discovery Church to provide all emergency medical care deemed necessary, including but not limited to, first aid, CPR, the use of AEDs, and sharing of Medical Information. I further agree to assume all costs involved and agree to be financially responsible for any costs incurred as a result of such treatment. I am aware and understand that I should carry my own health insurance.

In the event that any damage to equipment or facilities occurs as a result of my or my family's or my agent's willful actions, neglect or recklessness, I acknowledge and agree to be held liable for any and all costs associated with any such actions of neglect or recklessness.

I, THE UNDERSIGNED PARTICIPANT, AFFIRM THAT I AM FREELY SIGNING THIS AGREEMENT. I CERTIFY THAT I HAVE READ THIS AGREEMENT AND THAT I FULLY UNDERSTAND ITS CONTENT.

DATE	PRINT FULL NAME	SIGNATURE	ADDRESS

EMERGENCY CONTACT	CONTACT RELATIONSHIP	CONTACT TELEPHONE

I AFFIRM that I am at least 18 years old. \_\_\_\_\_(initial) (If not, please attach Parental/Guardian Permission)