PARTICIPANT RELEASE OF LIABILITY – READ BEFORE SIGNING

In consideration of being allowed to participate in any way in the K-Life Ministries program, related activities and events, I _____, the undersigned, acknowledge, appreciate and agree that:

1) The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
2) I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEE or others, and assume full responsibility for my participation; and,
3) I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest staff or volunteer immediately; and,
4) I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS THE K-LIFE MINISTRIES ORGANIZATION, their officers, agents and /or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.
5) I understand that photographs and video footage taken of me as a result of participation in these programs may be used in K-Life Ministries materials, publications and/or posted to the internet. By signature below, I waive any right that I may have to inspect or to approve the materials that K-Life Ministries may choose to publish.

We (I) do hereby grant permission of K-Life staff to take said participant to a physician or hospital, and hereby authorize medical treatment including but not in limitation to any x-ray examination, anesthetic, medical or surgical or dental diagnosis or treatment, and hospital care. The Undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical services rendered to our (my) participant pursuant to this authorization.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARIY WITHOUT ANY INDUCEMENT.

X_____Age_____ Date Signed: _____
Participant's Signature

FOR PARENTS/GUARDIANS OF PARTICIPANTS OF MINORITY AGE

(UNDER AGE 18 AT TIME OF REGISTRATION)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASES, to the fullest extent permitted by law.

X_____ _____
Parent / Guardian's Signature Emergency Phone # (s)

Address_____ City_____State_____Zip_____

Date Signed_____