

Youth With a Purpose Activities

Sponsored by World Impact Network

THIS IS A RELEASE OF LIABILITY – READ BEFORE SIGNING

NOTE: THIS FORM MUST BE READ AND SIGNED BEFORE THE PARTICIPANT IS ALLOWED TO TAKE PART IN ANY ACTIVITIES

PARTICIPANT'S NAME (Printed)

____/____/____
DATE OF BIRTH

IN CONSIDERATION of being permitted to participate in any way in the activities associated with Youth With a Purpose, World Impact Network or The Gathering Place/Bellevue Foursquare Church I understand and agree that:

1. The risk of injury from travel to and from any activity and the activity itself is possible, including the potential for permanent disability and death, and while every attempt to minimize the occurrence will be taken, the risk of serious injury does exist.
2. I, for myself and on the behalf of my heirs, assigns and personal representatives, HEREBY RELEASE AND HOLD HARMLESS YOUTH WITH A PURPOSE, WORLD IMPACT NETWORK and THE GATHERING PLACE/BELLEVUE FOURSQUARE CHURCH (the Released Parties) on whose property or where such activities will occur, and to and from which transportation may be provided by the Released Parties; their officers, officials, agents volunteers and/or employees, WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, OR LOSS OR DAMAGE TO PERSON OR PROPERTY, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASED PARTIES except that which is the result of gross negligence and/or wanton misconduct of the Released Parties.
3. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE of the Released Parties, as identified herein, and assume full responsibility for my participation: and,
4. I understand that some of the activities are physically intense and dangerous, not because of the planned activities of the Released Parties but because of the risk and dangers that may naturally exist for which the Released Parties have no practical control. If I observe any unusual or unnecessary hazard during my participation in any of the events or activities sponsored or conducted by the Released Parties, I will bring such to the attention of the nearest responsible person as soon as practical: and,
5. I understand and agree that this Release of Liability Agreement covers each and every activity and event in which I participate hereafter at the locations and activities of the Released Parties.

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

X _____
Signature of Participant

Date Signed

Address

City/State

Zip Code

PARENT OR GUARDIAN MUST READ THIS FORM AND SIGN BELOW

This is to certify that I, as a parent/guardian with legal responsibility for this participant, do consent and agree not only to his/her release of the Released Parties as stated above but also to release and indemnify the Released Parties from any and all liabilities incident to his/her involvement in these programs for myself, my heirs, assigns, and personal representatives.

X _____
Signature of Parent/Legal Guardian

Date Signed

X _____
Please Print Name

Home Phone