

EVENT RELEASE FORM

PLEASE READ CAREFULLY

All participants must read and sign this release form before they will be permitted to participate in Arthur Pentecostal Assembly's youth events. If a participant is under the age of 18, the consent of a parent or guardian is required. By signing this form, you may give up certain legal rights.

DISCLAIMER

Arthur Pentecostal Assembly and its leaders, directors, officers, employees, contractors, agents, volunteers, and other such representatives, are not responsible for any injury, loss or damage of any kind whatsoever sustained by any person or their property while participating in youth events and all related activities, including travel to and from such youth events (hereinafter, the 'Event').

ASSUMPTIONS OF RISKS

In consideration of Arthur Pentecostal Assembly allowing me and/or my child to participate at the EVENT, I acknowledge that I am aware of the possible RISKS, DANGERS, AND HAZARDS associated with participation in the Event, including the possible risk of severe or fatal injury to myself, my child and/or others. These risks include, but are not necessarily limited to, the following:

- Any and all risks associated with travelling to and from the location by means of private or public transportation, which may include, but are not limited to, a motor vehicle accident resulting in injuries or death;
- Medical problems arising before, during, or after the event;
- Harm caused by reason of failure to follow the instructions of the person(s) in charge of the event.

I, for myself and/or my child, voluntarily accept and fully assume all such risks, dangers and hazards and the possibility of personal injury, death, partial disability, property damage and/or loss of any kind that may result from my, and/or my child's participation in the Event.

RELEASE OF LIABILITY AND AGREEMENT

IN CONSIDERATION of Arthur Pentecostal Assembly allowing me and/or my child to participate in the Event, I agree on behalf of myself and/or my child, as follows:

1. TO ASSUME and ACCEPT ALL RISKS arising out of, associated with or related to my and/or my child's participation in the event
2. TO WAIVE any and all rights to hold Arthur Pentecostal Assembly liable for loss, damage, injury and/or expense that I or my child may suffer, or that any next of kin may suffer, as a result of my and/or my child's participation in the Event and due from any cause whatsoever
3. TO INDEMNIFY and SAVE HARMLESS Arthur Pentecostal Assembly from any and all liability for any damage to the personal property of, or personal injury to, any third party resulting from my and/or my child's participation in the Event
4. TO INDEMNIFY and SAVE HARMLESS Arthur Pentecostal Assembly from any and all claims, demands, actions and/or costs for any loss, injury, damage or expense whatsoever that might arise out of my and/or my child's participation in the Event

PARTICIPANT'S CONSENT

I, the undersigned Participant and/or on behalf of my minor child as a participant, understand that as a participant I/we are responsible to act in a safe and responsible manner, to follow the instructions or directions of the person(s) in charge of the Event, and to obey requests to comply with safety regulations as directed by the person(s) in charge of the Event, including designated leaders and/or drivers of private or public transportation. I/we will be solely responsible for our actions, will wear a seatbelt when available and will not disturb or distract the driver when using private or public transportation to travel to and/or from the Event. At all activities, I/we acknowledge that it is my/our responsibility to obtain and wear any appropriate safety equipment necessary for participation in the Event. I/we will not endanger the safety of myself/ourselves or others at any Event activities, or when using private and/or public transportation for travel to and/or from such Event activities.

ACKNOWLEDGEMENT OF PARENT OR GUARDIAN

I/we, the undersigned Parent(s) or Guardian(s) of the minor Participant, hereby authorize and consent to the Participant's involvement in the Event, including any use of private and/or public transportation deemed necessary by the persons in charge. We authorize the Participant's travel from the Event to the NEAREST SUITABLE MEDICAL or HOSPITAL FACILITY if the Participant is involved in an accident, suffers an injury, or becomes ill, and medical treatment is not available at the Event site. Precautions are taken for the safety and health of your child, but in the event of accident or sickness, Arthur Pentecostal Assembly, its staff, and volunteers (herein APA) are hereby released from any liability. In the event that your child requires special medication, x-rays or other emergency medical treatment, the parents/guardians will be notified immediately and, if for reasons of the health and safety of the child, time does not permit for consent to be given, APA is specifically authorized to provide such services and/or instruct medical personnel to do so. By signing this form you agree to indemnify and save harmless APA, its staff, volunteers, board and members from any liability that might be occasioned during the activity and all travel to and from the activity, including any actions taken by APA in accordance with the instructions and consents given by you in this document.

ACKNOWLEDGEMENT AND SIGNATURE

I/WE UNDERSTAND THAT THIS DOCUMENT IS A LEGAL AGREEMENT that it is binding upon myself/ourselves and my/our heirs, executors, administrators, successors and assigns. I/WE HAVE READ AND FULLY UNDERSTAND THE TERMS OF THIS AGREEMENT and I/WE ACKNOWLEDGE THAT by signing this agreement, I/we am/are doing so voluntarily, and am/are agreeing to abide by its terms even though I/we am/are waiving certain legal rights that I and/or my child may have.

Please fill out the form completely. Both the participant and the parent/guardian of a minor participant must sign this form. This completed and signed form must be given to the Youth Pastor, or Leader in charge, before the Event.

Event

Event Date

Departure & Arrival Time

Participant Name

Signature

Sign Date

Parent/Guardian Name

Signature

Sign Date

Emergency Contact Name

Is your child bringing any medication with him/her? If yes, please list name of medication, amount and time to be taken, and if Arthur Pentecostal Assembly is to assist with administration:

Emergency Contact Number

Health Card Number