WAIVER OF LIABILITY, CONSENT TO MEDICAL TREATMENT, & PUBLICITY RELEASE

Name of Participant:_____ **DOB:**_____

Phone: _____

1.Participation in Activities. "The Warehouse" is owned and operated by Realife Media, Inc., an Indiana non-profit corporation. This document shall govern all activities conducted at The Warehouse, 1525 South Rogers Street, Bloomington, Indiana. The "Indiana District of the Assemblies of God" is a regional body that represents the Assemblies of God churches and ministers within the State of Indiana. It functions as an administrative and ecclesiastical entity, providing support, resources, and oversight to affiliated congregations and pastors. As the participant named above, or as the parent/guardian of the participant named above, I hereby give my permission for my child to participate in any activities with, on behalf of, or in connection with the Indiana District of the Assemblies God at The Warehouse.

2.Release of Liability. I, for myself, my minor child and for the child's other parent and/or guardian, hereby release, waive, discharge, and covenant not to sue the Indiana District of the Assemblies of God; The Warehouse, Realife Media, Inc., or any non-profit partner of The Warehouse ("The Warehouse Organizations"); and the aforementioned entities' members, officers, directors, trustees, employees, agents, volunteers, heirs and assigns of and from all liability, loss, claims, demands, and possible causes of action arising from any loss, damage or injury to me or to my child's person or to our property in any way resulting from or connected with my or my child's participation in any activities with, on behalf of, or in connection with the Indiana District of the Assemblies of God conducted at The Warehouse, including, without limitation, the failure of anyone to enforce rules and regulations, failure to make inspections, or the negligence of other persons.

3.Assumption of Risk. I know that many of the activities performed or undertaken with, on behalf of, or in connection with the Indiana District of the Assemblies of God at The Warehouse involve the risk of physical harm or injury. I know there are potential risks and dangers to myself, to my child and to our property, both from known risks and unanticipated risks, while participating in the activities with, on behalf of, or in connection with the Indiana District of the Assemblies of God at The Warehouse. I participate in, and I give permission for my child to participate in, such activities willingly, voluntarily and in reliance upon my own judgment and ability, and I thereby assume all risk of loss, damage or injury (including death) to myself, to my child and to our property from any cause whatsoever and whether or not caused by the negligence of others.

4.Consent to Medical Treatment. In the event that I, or my child, become ill or injured, I give my permission for a representative of the Indiana District of the Assemblies of God or The Warehouse to take whatever steps are reasonably necessary to render emergency first aid to me or to my child. I also consent to such emergency medical treatment as may be reasonably necessary to insure the health and welfare of me or my child including, but not limited to, x-rays, anesthetic, medical or surgical diagnosis and treatment, hospital care and administration of drugs or medicine under the care of a licensed physician and/or surgeon.

5.Publicity & Photo Release. I hereby grant to the Indiana District of the Assemblies of God and The Warehouse Organizations the absolute and irrevocable right and unrestricted permission to use my name and that of my child, our likeness, image, voice, and/or appearance as such may be embodied in any photos, video recordings, audiotapes, digital images, and the like, taken or made on behalf of the Indiana District of the Assemblies of God and The Warehouse Organizations. I agree that the Indiana District of the Assemblies of God and The Warehouse Organizations have complete ownership of such material and can use said material for any purpose consistent with their missions. These uses include, but are not limited to, videos, publications, advertisements, news releases, Internet sites, and any promotional or educational materials in any medium. I acknowledge that neither I nor my child will receive any compensation for the use of such images, video, likeness, etc.

_____

Signature of Participant or Parent/Guardian

DATE: _____

Printed Name of Parent/Guardian

(___)_____

Emergency Contact Phone Number