



LIABILITY WAIVER AND MEDIA RELEASE FORM

ACKNOWLEDGEMENT OF RISK AND WAIVER OF LIABILITY FOR YOUTH PROGRAMS

PROGRAM: _____ ACTIVITY: _____

Please read this Acknowledgement of Risk and Waiver of Liability for Youth Program carefully and in its entirety; it is a binding legal document.

Return signed forms to: Bryon Ownby, 180 Youth Outreach, Inc. PO Box 1751, Dandridge, TN 37725

By signature, with full knowledge of the facts and circumstances surrounding the ACTIVITY, I acknowledge my child's participation in the ACTIVITY may expose him/her to actions, events, and environments that may be hazardous to his/her person and/or property. I acknowledge that I am solely responsible for any action that my child may participate in associated with this ACTIVITY or around this ACTIVITY, regardless if occurring before, during or after the period of the ACTIVITY.

I have adequate applicable insurance necessary to provide for and pay any medical costs that may directly or indirectly result from my child's participation in the ACTIVITY, or otherwise understand that I am solely responsible for any medical costs that may directly or indirectly result from my child's participation in the ACTIVITY. I understand that there may be participant insurance available for some camps/clinics and if so, that information will be shared with me for processing and handling of any claims.

I will indemnify and hold 180 Youth Outreach (hereafter referred to as 180), it employees, directors, officers, harmless with respect to any and all claims, injuries, and costs associated with my child's participation in this ACTIVITY.

It is my express intent that this Acknowledgement of Risk and Waiver of Liability shall bind my spouse, the members of my family and my estate, heirs, administrators, personal representatives and assigns. I further agree to save and hold harmless, indemnify and defend the 180 from any claim by the aforementioned parties arising out of my participation in the ACTIVITY.

I recognize and acknowledge that 180 makes no guarantees, warranties, representations, or other promises relative to the ACTIVITY, and assumes no liability or responsibility for injury or property damage that my child may sustain as a result of participation in the ACTIVITY.

I further understand and agree that this is a release of liability and indemnity agreement, and it is intended to be as broad and inclusive as permitted by law. If any portion hereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full force and legal effect.

SIGNATURES

In signing this Acknowledgement of Risk and Waiver of Liability I hereby acknowledge and represent: (a) that I have read this document in its entirety, understand it, and sign it voluntarily; and (b) that this Acknowledgement of Risk and Waiver of Liability is the entire agreement between the parties hereto and its terms are contractual and not a mere recital. Further, I certify that I am the parent or legal guardian of the above-named participant in the ACTIVITY. On behalf of myself and my spouse, partner, co-guardian or any other person who claims the participant as a child. I acknowledge that my child and I have agreed to the terms and conditions of my child's participation in the ACTIVITY, and I hereby give my consent to participation by my child in the ACTIVITY, and to receive medical treatment determined to be necessary. I further agree to hold harmless, indemnify and defend 180 from and against all claims, demands or suits that my child has or may have.

SIGNATURE: _____ DATE: _____

MEDIA RELEASE

I recognize and acknowledge that 180 may record my child's participation and appearance in ACTIVITY on any recorded medium (including, but not limited to video, audio, photos) for use in any form. I authorize such recording and release 180 to use my child's name, likeness, voice, and biographical material to exhibit or distribute such recordings in whole or part without restrictions or limitations for any educational or promotional purpose. No signature below represents my choice to opt out of this media release.

SIGNATURE: _____ DATE: _____