

LIVING WATER BAPTIST CHURCH
5320 E Lake Mead
Las Vegas, NV 89156
702-452-7589

CONSENT AND RELEASE FROM LIABILITY
EFFECTIVE FOR YEAR: 2017

Students Name: _____ DOB: _____

Address: _____ City: _____ State: _____ Zip: _____

DISCLAIMER

Living Water Baptist Church and its pastors, employees, agents, and volunteer workers (collectively referred to as "Living Water Baptist Church" or "LWBC"), are not responsible for any injury, loss or damage of any kind whatsoever sustained by any person or their property while participating in events, activities or travel with LWBC and all related activities associated with LWBC, including injury, loss or damage.

ASSUMPTION OF RISKS

IN CONSIDERATION OF LWBC allowing me or my child to participate in events, activities, or travel with LWBC and all related activities associated with the LWBC, including participation in the Youth/Children's Ministry from **January 1st, 2017 through December 31st, 2017** inclusive, and all activities related to the Youth/Children's Ministry (collectively referred to as the "Activities"), I acknowledge that I am aware of the possible Risks, Dangers and Hazards associated with participation in the Activities including the possible risk of severe or fatal injury to myself or others.

RELEASE OF LIABILITY and AGREEMENT

IN CONSIDERATION OF LWBC allowing me or my child to participate in the Activities, I agree on behalf of myself and/or my child:

1. **TO ASSUME and ACCEPT ALL RISKS** arising out of, associated with, or related to my or my child's participation in the Activities.
2. **TO WAIVE and RELEASE LWBC** from any and all liability for any loss, damage, injury or expense that I or my child may suffer, or that my next of kin may suffer as a result of my or my child's participation in the activities due to any cause whatsoever.
3. **TO INDEMNIFY and HOLD HARMLESS LWBC** from any and all liability for any damage to the personal property of, or personal injury to, any third party resulting from my or my child's participation in the activities.
4. **TO INDEMNIFY and HOLD HARMLESS LWBC** from any and all claims, demands, actions and costs for any loss, injury, damage or expense whatsoever that might arise out of my or my child's participation in the Activities.

YOUTH/CHILDREN'S PARTICPATION CONSENT

Acknowledgment of Participant:

I, the undersigned Participant, understand that I am responsible to act in a safe and responsible fashion, to follow the instructions or directions of the persons in charge of the Youth/Children's Ministry, and to obey requests to comply with safety regulations as directed by the persons in charge of the Youth/Children's Ministry, including designated leaders and drivers of private or public transportation. I will be solely responsible for myself, will wear a seat-belt when available when using private or public transportation to travel to and from Youth/Children's Ministry activities. At all Youth/Children's Ministry sports events or other activities, I acknowledge that it is my responsibility to obtain and wear appropriate safety equipment. I will not endanger the safety of others or myself at any activities, outings or sports events of the Youth/Children's Ministry or when using private or public transportation for travel to and from such activities. I also understand that I may be photographed or appear in video for such purposes as LWBC deems necessary.

Acknowledgment of Parent or Guardian of Participant:

I the undersigned have legal custody of the student named above, a minor, and have given our consent for him/her to attend the activities of Living Water Baptist Church. I understand that there are inherent risks involved in any ministry or athletic event, and I hereby release the Church, its pastors, employees, agents, and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my/our child's involvement. In the event that he/she is injured and requires the attention of a doctor, I consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by the Church, I agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I also acknowledge that I will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. I also agree to bring my/our child home at my/our own expense should they become ill or if deemed necessary by the student ministries staff member.

Photography Consent Form/Release

I, (print name) _____, hereby grant permission to LWBC and its representatives to take and use: photographs and/or digital images of me and/or my child for use at LWBC activities, in news releases, Facebook® pages related to LWBC church and Youth/Children's ministries, PowerPoint slide presentations, and/or promotional materials. These materials might include printed or electronic publications, web sites, or other electronic communications. I further agree that my child's name and identity may be revealed in descriptive text or commentary in connection with the image(s). I authorize the use of these images without compensation to me. **I also understand that the participant may be photographed or appear in video for such purposes as LWBC deems necessary.**

ACKNOWLEDGEMENT and SIGNATURE

I UNDERSTAND THAT THIS IS A LEGAL AGREEMENT that is binding upon myself and my heirs, executors, administrators, successors and assigns. **I HAVE READ AND UNDERSTAND THE TERMS OF THIS AGREEMENT** and **I ACKNOWLEDGE THAT** by signing this agreement voluntarily, I am agreeing to abide by its terms and I am waiving certain legal rights that my child or I may have.

This Consent, Authorization and Acknowledgment shall be effective from and including January 1st, 2017 to and including December 31st, 2017.

Signature of Parent or Guardian Date
Date
(if Participant is under 18 years of age)

Signature of Participant/Student Date

Printed Name of Parent Date

Printed Name of Participant/Student Date