

LIABILITY WAIVER / PHOTO CONSENT
HAVEN UNITED METHODIST CHURCH
For the period of 7/1/2024 to 7/1/2025

I HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING IN ANY/ALL ACTIVITIES AT **HAVEN UNITED METHODIST CHURCH**, including by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of the persons or entities being released from dangerous or defective equipment or property owned, maintained, or controlled by them, or because of their possible liability without fault.

I certify that I am physically able to participate in any/all activities and have not been advised to not participate by a qualified medical professional. I certify that there are no health-related reasons or problems which preclude my participation in any/all activities.

I acknowledge that this Liability Waiver will be used by the program holders, sponsors, and organizers of any activity in which I may participate, and that it will govern my actions and responsibilities at said activity.

I hereby give permission for **Haven United Methodist Church** pastor, staff, volunteers, representatives, and agents to provide transportation to me to/from events, if applicable, **unless initialed here** _____ .

In consideration of my application and permitting me to participate in activities at **Haven United Methodist Church**, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:

(A) I WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the COVID-19 virus, negligence or fault of the entities or persons released, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me including my traveling to and from this activity, THE FOLLOWING ENTITIES OR PERSONS: **Haven United Methodist Church**, and/or their pastor or staff, volunteers, representatives, and agents, and the activity holders, sponsors, and volunteers;

(B) INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in any/all activities of **Haven United Methodist Church**, whether caused by the negligence of release or otherwise.

I acknowledge that **Haven United Methodist Church** and their pastor, staff, volunteers, representatives, and agents are NOT responsible for the errors, omissions, acts, or failures to act of any party or entity conducting a specific activity on their behalf.

I acknowledge that any/all activities may involve a test of a person's physical and mental limits and carries with it the potential for death, serious injury, and property loss. The risks include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of participants, equipment, vehicular traffic, lack of hydration, disease, and actions of other people including, but not limited to, participants, volunteers, monitors, and/or producers of the activity. These risks are not only inherent to participants but are also present for volunteers.

I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident, and/or illness during the activity.

I understand while participating in this activity, I may be photographed. (choose one)

_____ I **agree** to allow my photo, video, or film likeness to be used for any legitimate purpose by the activity holders, producers, sponsors, organizers, and assigns.

_____ I **DO NOT agree** to allow my photo, video, or film likeness to be used for any legitimate purpose by the activity holders, producers, sponsors, organizers, and assigns.

The Liability Waiver shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I CERTIFY THAT I HAVE READ THIS DOCUMENT AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.

Participant's Signature
(If over 18 years of age)

Date

Participant's Name
(Please print legibly)

DOB

Parent/Guardian Signature
(If under 18 years old, Parent or Guardian must sign)

Date

Parent/Guardian Name
(Please print legibly)