## WAIVER AND RELEASE OF LIABILITY

This Waiver and Release of Liability ("Waiver") is entered into on the day of			
, 20, by and between Denton Bible Church (the "Church") and			
[name of participant] ("Participant").			
Participant desires to participate in <b>DBSM Ultimate Adventure 2019</b> [describe activity]			
(the "Activity") on the Church's premises or as part of an off-premise Church activity.			
In consideration of being permitted to participate in the Activity, Participant agrees as			
follows:			

I RELEASE, WAIVE ALL CLAIMS AGAINST, DISCHARGE AND COVENANT NOT TO SUE THE CHURCH, OR ANY OF THE CHURCH'S ELDERS AND EMPLOYEES, INCLUDING BUT NOT LIMITED TO PASTORS, STAFF AND OTHER EMPLOYEES, MEMBERS, REPRESENTATIVES, OR VOLUNTEERS REFERRED (COLLECTIVELY TO **HEREIN** AS "CHURCH REPRESENTATIVES") WITH RESPECT TO MY PARTICIPATION. INCLUDING WITHOUT LIMITATION ATTENDANCE AT, OBSERVATION OF, OR BEING OTHERWISE INVOLVED IN THE **ACTIVITY** ("PARTICIPATION"), WHETHER MY CLAIM OR THE CLAIM OF ANYONE ON MY BEHALF IS BASED ON OR ARISES OUT OF PERSONAL INJURY, DEATH OR INJURY TO PROPERTY AND

# WHETHER SUCH CLAIM IS CAUSED BY THE NEGLIGENCE OF THE CHURCH OR ANY OF THE CHURCH REPRESENTATIVES.

I ASSUME FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE DUE TO THE NEGLIGENCE OF THE CHURCH OR ANY OF THE CHURCH REPRESENTATIVES WITH RESPECT TO MY PARTICIPATION IN THE ACTIVITY.

I agree to indemnify and hold the Church harmless from the claims of any third party arising as a result of my participation in the Activity.

I HAVE READ THIS WAIVER IN ITS ENTIRETY AND I UNDERSTAND THAT BY SIGNING THIS WAIVER I AM RELEASING ALL FUTURE CLAIMS I MAY HAVE AGAINST THE CHURCH AND ANY CHURCH REPRESENTATIVES WITH RESPECT TO MY PARTICIPATION IN THE ACTIVITY.

PARTICIPANT	(s):	
Signature(s):		
Signature(s):		
Printed Name(s)	):	
	GUARDIAN OF PARTICIPANT, ON ARTICIPANT (if under 18):	
Signature:		
Printed Name: _	,	
on behalf of		_ [minor Participant's name]
<u>-</u>		_ [minor Participant's name]
-		_ [minor Participant's name]
		[minor Participant's name]
		_ [minor Participant's name]
-		_ [minor Participant's name]
_		[minor Participant's name]

### WAIVER AND RELEASE OF LIABILITY

Your child(ren)'s photograph(s) may be used as part of the Denton Bible Church website and promotional materials.

You hereby grant Denton Bible Church a worldwide, gratuitous and non-exclusive license to copy, use, modify, reproduce, display, adapt, and transmit your child(ren)'s photograph for use on the Denton Bible Church website and promotional materials and to permit users of the website to view, download, and print photographs.

You have the right to revoke your consent to future use of your child(ren)'s photograph <u>at any time</u> by contacting us at the address or phone number below.

If you have any questions, at any time, please email <a href="mailto:churchlife@dentonbible.org">churchlife@dentonbible.org</a> or write to Denton Bible Churchlife, 2300 East University Drive, Denton TX 76209, or call 940-297-6700

This Waiver and Release of Liability ("Waiver") is entered into on the	_day of
, 20, by and between Denton Bible Church (the "Church") and	
[full name of individual].	

I, HEREBY CONSENT TO AND AUTHORIZE DENTON BIBLE CHURCH (THE "CHURCH") TO TAKE AND USE PHOTOGRAPH AS TAKEN ON FOR THE PURPOSE OUTLINED ABOVE.

I UNDERSTAND THAT THIS CONSENT IS VOLUNTARY AND MAY BE REVOKED AT ANY TIME. I ALSO UNDERSTAND THAT PHOTOGRAPHS MAY OR MAY NOT BE DISPLAYED ON THE CHURCH WEBSITE OR PROMOTIONAL MATERIALS.

I RELEASE, WAIVE ALL CLAIMS AGAINST, DISCHARGE AND COVENANT NOT TO SUE THE CHURCH, OR ANY OF THE CHURCH'S ELDERS AND EMPLOYEES, INCLUDING BUT NOT LIMITED TO PASTORS, STAFF AND OTHER EMPLOYEES, MEMBERS, REPRESENTATIVES, OR VOLUNTEERS (COLLECTIVELY REFERRED TO HEREIN AS "CHURCH RESPECT REPRESENTATIVES") WITH TO THE PUBLICATION. MODIFICATION, REPRODUCTION, DISTRIBUTION, COLLECTION, DISCLOSURE OR ANY OTHER USE OF MY CHILD(REN)'S PHOTOGRAPH.

I ACKNOWLEDGE THAT THE CHURCH HAS NO CONTROL OVER AND IS NOT RESPONSIBLE FOR ANY USE OR MISUSE INCLUDING, BUT NOT LIMITED, TO ANY ALTERATION, MODIFICATION, REUSE OR DISTORTION OF MY CHILD(REN)'S PHOTOGRAPH THAT MAY OCCUR OR BE CAUSED BY THIRD PARTIES. THE CHURCH WILL NOT BE MONITORING AND HAS NO CONTROL OVER THIRD PARTIES' USE OR MISUSE OF MY CHILD(REN)'S PHOTOGRAPH DISPLAYED ON THE WEBSITE OR PROMOTIONAL MATERIALS.

I AGREE TO INDEMNIFY AND HOLD THE CHURCH HARMLESS FROM THE CLAIMS OF ANY THIRD PARTY ARISING AS A RESULT OF THE PUBLICATION, REPRODUCTION, DISTRIBUTION, MODIFICATION, COLLECTION, DISCLOSURE OR ANY OTHER USE OF MY CHILD(REN)'S PHOTOGRAPH.

I agree that my Child(ren)'s photograph to be used by the church will be made without any payment to me.

I HAVE READ THIS WAIVER IN ITS ENTIRETY, AND I UNDERSTAND THAT BY SIGNING THIS WAIVER I AM RELEASING ALL FUTURE CLAIMS I MAY HAVE AGAINST THE CHURCH AND ANY CHURCH REPRESENTATIVES WITH RESPECT TO THE PUBLICATION, REPRODUCTION, DISTRIBUTION MODIFICATION, COLLECTION, DISCLOSURE OR ANY OTHER USE OF MY CHILD(REN)'S PHOTOGRAPH

INDIVIDUAL:
Signature:
Printed Name:
PARENT OR GUARDIAN OF INDIVIDUAL, ON BEHALF OF INDIVIDUAL (if under 18):
Signature:
Printed Name:,
on behalf of[minor INDIVIDUAL's name]

# AUTHORIZATION TO CONSENT TO TREATMENT OF MINOR

l,	, am the [parent/guardian/managing conservator] of
him/her. [Include if applicable:	, a minor child, and have the power to consent to medical treatment formula.  is/are the minor]=s other parent/parents.] I authorize an
	as my agent to consent to medical treatment of the minor when I cannot be
	treatment to include, without limitation, X-ray examination; anesthet
	amination or treatment; and general hospital care. No prior determination of
life-threatening emergency or danger of s	serious or permanent injury resulting from delay of treatment need be mad
under this authorization.	
to the decrete and hold be colored	form and the state of the state
	from any expense or claim of any nature any entity that provides or causes thospital care under this authorization (except to the extent such entity
•	the to make or cause to be made, by assignment of third-party benefits of
	such examination, treatment, or hospital care.
SIGNED on, 20	·
	Signature
	Printed Name of parent/guardian/managing conservator
Childe records	Divide data.
Childs name:	Birth date:
THE STATE OF TEXAS	
COUNTY OF DENTON	
COUNTY OF DENTON	
	ary Public, on this day personally appeared, known t
	oscribed to the foregoing instrument, and acknowledged to me that he/sh
executed the same for the purposes and co	onsiderations therein expressed and in the capacity therein stated.
WITNESS MY HAND and official sea	al this day of, 20
WITHLOO WIT HAND and Official Sec	, 20, 20
	Notary Public, State of Texas

## MEDICAL INFORMATION FORM Ultimate Adventure 2019

Name	Home Phone
Parent/Guardian Name	Cell Phone
Insurance Company	Policy Number
Family Physician	Office Number
Name of person (other than self) authorized to act for part	ticipant in an emergency:
Name	Relationship
Home Phone Work Phone	Cell Phone
Allergies (including drugs):	
Last Tetanus Shot:	
Please list any medications to be taken by participant and f	frequency:
Special instructions or information:	
treatment. I request and authorize physicians, dentists, Dentistry or other such licensed technicians or nurses, to operative procedures and x-ray treatment of the above	be admitted to any hospital or medical facility for diagnosis and so, and staff duly licensed as Doctors of Medicine or Doctors of perform any diagnostic procedures, treatment procedures, and a minor. I have not been given a guarantee as to the results of edical facility to dispose of any specimen or tissue taken from the
I release Denton Bible Church, its staff and volunteers from the above named participant is covered by an insurance por responsibilities concerning any medical emergency.	n claim or liability due to sickness or injury. I attest to the fact that olicy covering illness and injury. I accept all financial
PARENT/GUARDIAN SIGNATURE	
	Date
(Printed)	