

**VOX CHURCH, INC.
ASSUMPTION OF RISK
DISCLAIMER AND RELEASE
EVENT WAIVER**

Must be completed by Parent/Legal Guardian/Power of Attorney/Participant (if 18 or older):		
Print First Name:	Print Last Name:	Telephone #:
Address:		

Must be completed for participants <u>under the age of 18</u>:		
Participant 1: Print First Name:	Print Last Name:	Birthdate:
Participant 2: Print First Name:	Print Last Name:	Birthdate:
Participant 3: Print First Name:	Print Last Name:	Birthdate:

In consideration for my being allowed to participate in any and all Vox Church, Inc. activities, I, for myself, my heirs, executors, administrators, assigns or personal representatives, release from liability and waive my right to sue Vox Church, Inc., their employees, officers, board members, volunteers and agents (collectively “Vox”) from any and all claims, including claims of Vox’s negligence, resulting in any physical injury, illness (including death), or economic loss I may suffer or which may result from my participation in activities, travel to and from activities (including air travel), or any events incidental to activities.

1. _____ (Check Here): I have voluntarily elected to participate, and/or allow the minor child(ren) identified above, including all minor children under my supervision (*the children*), participate in Vox Church, Inc. events and activities.

2. _____ (Check Here): I have had a sufficient opportunity to read this entire document. I understand the terms of this Agreement, and I voluntarily agree to be bound by its terms. I understand that this Agreement waives certain rights that I have in exchange for permission to gain access to events and activities sponsored and/or hosted by Vox Church, Inc.

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3. _____ (Check Here): ASSUMPTION OF RISK: I acknowledge that I and/or my child(ren) and all children under my supervision, for whom I represent, that I have full authority as parent or legal guardian to bind the minor participant to this agreement, am voluntarily participating in the *Activities and or events*, which I agree are dangerous and entail both known and unknown inherent risks, including the risk of injury, permanent disability, or even death, deriving from, but not limited to, lack of supervision lack of proper equipment or other safety measures; slipping; falling; landing; or colliding with fixed objects or other people, as well as the negligence and/or omissions committed by me, my child(ren)/children under my supervision, Vox Church, Inc., and/or any other person and/or entity. I hereby voluntarily assume all such risks.

4. _____ (Check Here): INDEMNIFICATION AND HOLD HARMLESS: I acknowledge and agree to hold Vox Church, Inc. harmless from any and all claims, suits or actions of any kind whatsoever for liability, damages, compensation or otherwise brought by me or anyone on my behalf, including attorney's fees and any related costs, as a result of my participation in activities and events, including travel to and from activities or any events. If Vox incurs any of these types of expenses, I agree to reimburse Vox. I acknowledge that Vox is NOT responsible for the errors, omissions, acts, or failures to act of any party or entity conducting a specific activity on their behalf.

5. _____ (Check Here): MEDICAL CONSENT

I hereby consent to receive medical or dental treatment which may be deemed advisable by the medical personnel and representatives of Vox Church, Inc. in the event of injury, accident, and/or illness during activities.

If I need medical treatment as a result of my participation in activities, travel to and from activities, or any events incidental to activities, I agree to be financially responsible for any costs incurred as a result of such treatment.

I am aware that I should carry my own health insurance.

UNDERSTANDING AND ACKNOWLEDGEMENT:

I am 18 years of age or older. I have read this document, and I am signing it freely. I understand the legal consequences of signing this document, including (a) releasing Vox from all liability on my behalf, (b) waiving my right to sue Vox, (c) and assuming all risks of my participation in activities, including travel to and from activities (including air travel) or any events incidental to activities. I understand that I am responsible for my obligations and acts as described in this document. I agree to be bound by the terms of this document. No other representations concerning the legal effect of this document have been made to me.

I understand that this document is written to be as broad and inclusive as legally permitted by the State of Connecticut. I agree that if any portion is held invalid or

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unenforceable, I will continue to be bound by the remaining terms.

I understand the provisions of this Agreement are severable. If any part of it should be found to be invalid or unenforceable, the other sections shall remain fully valid and enforceable. The terms of this Agreement shall be governed by and interpreted in accordance with the laws of the State of Connecticut, without regard to conflicts of law rules. Any ambiguity in this Agreement shall not be construed presumptively against any party.

RELEASE AND WAIVER.

I HEREBY RELEASE, WAIVE AND FOREVER DISCHARGE ANY AND ALL LIABILITY, CLAIMS, AND DEMANDS OF WHATEVER KIND OR NATURE AGAINST VOX CHURCH, INC. AND ITS EMPLOYEES, VOLUNTEERS, PARENTS, BOARD MEMBERS, DIRECTORS, ASSIGNS AND SPONSORS, EITHER IN LAW OR IN EQUITY, TO THE FULLEST EXTENT PERMISSIBLE BY LAW, INCLUDING BUT NOT LIMITED TO DAMAGES OR LOSSES CAUSED BY THE NEGLIGENCE, FAULT OR CONDUCT OF ANY KIND ON THE PART OF THE RELEASED PARTIES, INCLUDING BUT NOT LIMITED TO DEATH, BODILY INJURY, ILLNESS, ECONOMIC LOSS OR OUT OF POCKET EXPENSES, OR LOSS OR DAMAGE TO PROPERTY, WHICH I, MY HEIRS, ASSIGNEES, NEXT OF KIN AND/OR LEGALLY APPOINTED OR DESIGNATED REPRESENTATIVES, MAY HAVE OR WHICH MAY HEREINAFTER ACCRUE ON MY BEHALF, WHICH ARISE OR MAY HEREAFTER ARISE FROM MY PARTICIPATION WITH THE ACTIVITY.

I FURTHER STATE THAT I HAVE CAREFULLY READ THE FOREGOING ASSUMPTION OF RISK AND UNDERSTAND ITS CONTENTS, AND I VOLUNTARILY SIGN THIS RELEASE AS MY OWN FREE ACT.

SIGNATURE:

Date: _____

Signature

Name Printed

Address

City State Zip

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