

# ADULT RELEASE OF CLAIMS AND HOLD HARMLESS AGREEMENT

## **Event: Church on the Rock - Youth Dept Performing Arts Team - 2015**

Activities to include but not limited to:

- Dance
- Acting
- Singing
- Rapping
- Team activities such as obstacles courses, etc.

I, \_\_\_\_\_, hereby affirm and agree that I am aged 18 years or older; that I am legally competent to sign this agreement and release; that I have fully informed myself of this agreement by reading it before signing; and that I have fully informed myself of the details and risks of the Activity prior to signing this release

I agree, individually and on behalf of my heirs, to release and to hold harmless Church On The Rock World Outreach Center, its agents, officers, directors, and employees (collectively referred to as "the Church") from liability for my injury, death, or damage to or loss of my personal property, resulting directly or indirectly from my participation in the Activity and/or from negligence of the church. I personally assume all risks and liabilities in connection with my participation in the Activity and agree to indemnify the Church from any liability assessed against the Church as a direct or indirect result of my participation in the Activity. This release includes all risks and liabilities connected with the Activity, whether foreseen or unforeseen

In the event that I am injured during the Activity, and am unable to provide consent to my medical treatment, I authorize the Church to consent on my behalf to the performance of any and all medial treatment judged necessary by the Church, until I am able to provide consent or until someone legally able to speak on my behalf is made available. I agree, individually and on behalf of my heirs, to release, indemnify, and hold the Church harmless from any liability which may be assessed against the Church as a direct or indirect result of said medical treatment. I agree to pay or arrange for payment for all costs associated with said medical treatment.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

\_\_\_\_\_  
Emergency Contact

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Emergency Contact Phone Number