

PARENT/GUARDIAN ACCIDENT WAIVER & RELEASE OF LIABILITY FORM

I HEREBY ASSUME ON MY BEHALF AND/OR FOR MY CHILD/WARD, ALL OF THE RISKS OF PARTICIPATING IN ANY/ALL ACTIVITIES ASSOCIATED WITH THIS EVENT AND/OR SERIES OF ACTIVITIES HELD ON THE PROPERTY KNOWN AS DFW FAMILY CHURCH (HSA-UWC, Inc.) located at 1710 W Airport Fwy, Irving, TX 75062, 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 my child/ward is physically fit, has sufficiently prepared or trained for participation in this activity, and has not been advised by a qualified medical professional to not participate in such activity. I further certify that there are no health-related reasons which preclude my child/ward participation in this activity.

I acknowledge that this Accident Waiver and Release of Liability Form will be used by the event holders, sponsors, and organizers of the activity in which I or my child/ward may participate, and that it will govern my own and/or my child/ward's actions and responsibilities at said activity held at 1710 W Airport Fwy, Irving, TX 75062

In consideration of my application and/or that of my child/ward, to participate in this activity, I hereby take action for myself, my child/ward, 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 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: The DFW Family Church (HSA-UWC, Inc.) and/or their directors, officers, employees, 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 this activity, whether caused by the negligence of release or otherwise.

I acknowledge that HSA-UWC and their directors, officers, 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 hereby consent to my receiving and/or my child/ward receiving medical treatment which may be deemed advisable in the event of injury, accident, and/or illness during this activity.

I understand while participating in this activity, I and /or my child/ward may be photographed. I agree to allow such photo, video, or film likeness to be used for any legitimate purpose by the activity holders, producers, sponsors, organizers, and assigns.

The Accident Waiver and Release of Liability Form 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 (Please print legibly.)	Date	Participant's Name	Age
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Parent/Guardian Signature (If under 18 years old, Parent or Guardian must also sign.)	Date	Guardian/s Name	Age
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