

SONRISE RELEASE OF LIABILITY & ASSUMPTION OF RISK

CHRISTIAN CENTER

In consideration of being invited by SONRISE CHRISTIAN CENTER to participate in its activities I hereby agree to release, indemnify and discharge SONRISE CHRISTIAN CENTER, its families, staff, volunteers, partners, employees, related and affiliated entities, successors and assigns (the "RELEASED PARTIES"), on behalf of myself, my spouse, my child(ren), my parents, my heir(s), assigns, personal representative and estate as follows:

1. I acknowledge that I (18 or older) or (as parent/legal guardian) my ward understands that, during participation in this event/activity, all known and unknown risks may potentially result in physical or emotional injury, paralysis, death or damage, to property or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential quality of the activity. I expressly agree and promise to accept and assume all of the risks existing in this activity. My participation is purely voluntary. I elect to participate in spite of ALL risks.
2. I hereby voluntarily release, forever discharge, and agree to defend, indemnify and hold harmless RELEASED PARTIES from any and all claims, demands, or causes of action, which are in any way connected with my participation in this activity, including any such claims which allege negligent acts or omissions of RELEASED PARTIES.
3. Should SONRISE Christian Center or anyone acting on their behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.
4. I agree to personally bear the costs of such injury or damage. I also assume the risk of any medical or physical condition that I may have.
5. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.
6. SONRISE Christian Center can use ANY/ALL photographs, recordings or videos of me or my child/ward without my present or future knowledge or permission.
7. I agree that if the participant is a minor, this Release of Liability and Assumption of Risk agreement is made on behalf of that minor participant and that all of the releases, waivers and promises herein are binding on that minor participant. I represent that I have full authority as Parent or Legal Guardian to bind the minor participant to this agreement.
8. I agree that if the participant is a minor, I further agree to defend, indemnify and hold harmless SONRISE Christian Center from any and all claims or suits for personal injury, property damage or otherwise which are brought by, or on behalf of the minor, and which are in any way connected with such use or participation by the minor, including injuries or damages caused by the negligence of RELEASED PARTIES, except injuries or damages caused by the sole negligence or willful misconduct of the party seeking indemnity.
9. I (my child) will abide by the rules set forth for the evening. I agree to pay for all costs to send my child home should compliance to said rules be broken, or at the direction of SCC leadership.

By signing this document, I acknowledge that if I or my minor child is hurt or property is damaged during participation in this activity, I may be found by a court of law to have waived my or the minor participant's right to maintain a lawsuit against SONRISE CHRISTIAN CENTER, or any RELEASED PARTIES on the basis of any claim from which I have released them herein. I have had sufficient opportunity to read this entire document, and with complete understanding, I willingly agree to be bound by its terms.

EVENT/ACTIVITY _____ Date(s) _____

Location (with address) _____ City _____ State _____ Zip _____

PARTICIPANT Name _____ Birth Date/Year _____ / _____

Address _____ Apt _____

City _____ State _____ Zip _____

Email _____ Phone _____

Emergency Contact _____ Phone _____ Relation _____

IF UNDER 18 Parent/Legal Guardian _____

SAME ADDRESS Different Address _____ Apt/Unit _____

City _____ State _____ Zip _____

Email _____ Phone _____

PAYMENT INFORMATION Payments are non-refundable but are transferrable..

Amount \$ _____ Cash Check Credit Debit Visa MC Discover (No American Express)

Card Number _____ Exp Date _____ / _____ Vcode _____

SIGNATURE OF PARTICIPANT or parent/legal guardian if under 18

Signature _____ Today's Date _____ Relation _____