PUMC You	th Rez 24 (1/19/24	-1/21/24) Ev	ent Release				
Youth Name O	R Adult Volunteer Name:						
Touth Name O	R Addit Volunteer Name.						
	Phone Number:		1				
	Parent/Guardian Name:				Youth DOB:		
Alle	rgies/Medical Concerns:						
WAIVER ANI	D RELEASE OF LIAB	II ITY READ R	FEORE SIGNI	NG			
	of being allowed to particip				ities the undersi	aned	
	appreciates, and agrees the		TOWNS TOURT TOR	ited events and dolly	Theo, the anacion	gricu	
dola low loagoo,	approdictos, and agross in						
Injury Risk							
	y from the activities involve	d in this program	is significant,				
	, tential for permanent paraly		-				
	equipment, and personal d						
	njury does exist; and						
Assuming Risk	(
I KNOWINGLY	AND FREELY ASSUME AL	L SUCH RISKS, I	both known and				
unknown, EVEN	I IF ARISING FROM THE N	NEGLIGENCE OF	THE RELEASEE	S or			
others, and assi	ume full responsibility for m	y participation; ar	nd,				
Comply with C							
	to comply with the stated a	-					
	articipation. If, however, I ol	•					
	ny presence or participation	-					
	d bring such to the attention	n of the nearest of	lficial				
immediately; an	a ,						
Negligenee							
Negligence	on behalf of my heirs, ass	igne poreonal ron	recentatives and				
-	REBY RELEASE AND HOL			ndist Church, their			
	rs, officials, agents, volunte			Jaiot Griaron, tricii			
	onsoring agencies, sponsor	•		ners and lessors of	premises		
	the event ("RELEASEES")						
	ge to person or property, W						
	SEES OR OTHERWISE, t						

							П				
Photo Release							П				
I hereby grant Powell United Methodist Church (UMC) permission to use my likeness											
and my child's likeness in a photograph, video, or other digital media ("photo") in											
any and all of its publications, including web-based publications, without payment or other consideration.											
I understand and agree that all photos will become the property of											
Powell UMC and will not be returned.											
I hereby irrevocably authorize Powell UMC to edit, alter, copy,											
exhibit, publish, or distribute these photos for any lawful purpose. In											
addition, I waive any right to inspect or approve the finished product wherein my likeness appears.											
Additionally, I waive any right to royalties or other compensation arising or related to the use of the photo.											
I hereby hold har	mless, release, and forev	er discharge									
Powell UMC from	n all claims, demands, and	I causes of action	which								
I, my heirs, repre	sentatives, executors, adr	ninistrators, or an	y other persons								
acting on my beh	nalf or on behalf of my esta	ate have or may h	ave by reason of t	his authorization.							
I HAVE READ AN	ND UNDERSTAND THE A	BOVE PHOTO R	ELEASE. I AFFIR	М							
THAT I AM AT LE	AST 18 YEARS OF AGE	OR, IF I AM UNE	DER 18 YEARS O	F							
AGE, I HAVE OF	STAINED THE REQUIRED	CONSENT OF N	IY PARENTS/								
GUARDIANS AS	EVIDENCED BY THEIR	SIGNATURES BE	LOW.								
COVID-19 RELE	ASE										
By attending this	event you recognize you	may come into co	ntact with								
someone who has COVID-19 and YOU MAY CONTRACT THE VIRUS yourself.											
You also agree that you hold Powell United Methodist Church, it's staff and volunteers											
HARMLESS if yo	ou contract COVID-19 or a	ny other disease	while attending								
Confirm Readin	g of Release										
I HAVE READ TH	HIS RELEASE OF LIABILI	TY AND ASSUMF	PTION OF RISK								
AGREEMENT, F	ULLY UNDERSTAND ITS	TERMS, UNDER	STAND THAT I H	AVE							
GIVEN UP SUBS	STANTIAL RIGHTS BY SI	GNING IT, AND S	IGN IT FREELY A	ND			Ш				
VOLUNTARILY V	WITHOUT ANY INDUCEM	ENT.									
Agreement Gu	ardian Must Sign						Ш				
	ubmitting this agreement,	l					Ш				
1) acknowledge that I have read and fully							Ш				
	erms of the agreement; 2)						Ш				
this agreement; a	and 3) certify that I am 18	years of age or ol	der.				Ш				
My signature applies to all pages of this contract.											
A parent or legal guardian must sign this agreement on behalf of any minor											
participant under the age of 18. By signing this agreement, I											
represent that I have the authority to sign and enter into this agreement on											
behalf of the minor(s) listed above, or myself, if I am 18 years of age or older.											
Ciaract							П				
Signat	ure										