



# ACCIDENT WAIVER

NAME OF THE EVENT OR ACTIVITY:

**LEGACY MINISTRIES**

DATE OF EVENT OR ACTIVITY:

The entire duration of **any LEGACY training, trip, tour, conference, retreat, or event.**

- I. I hereby assume all of the risks of participating and/ or volunteering in this activity or event, 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.
- II. I certify that I am physically fit, have sufficiently prepared or trained for participation in the activity or event, and have not been advised to not participate by a qualified medical professional. I certify that there are no health related reasons or problems which preclude my participation in this activity or event.
- III. I acknowledge that this Accident Waiver and Release of Liability Form will be used by the event holders, sponsors, and organizers of the activity or event in which I may participate, and that it will govern my actions and responsibilities at said activity or event.
- IV. In consideration of my application and permitting me to participate in this event, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assign as follows:
  1. 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 sickness, 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 event; The Following Entities Or Persons: LEGACY Ministries and their directors, officers, employees, volunteers, representatives, affiliates, and agents, the activity or the event holders, activity or event sponsors, activity or event volunteers.

2. I 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 or event, whether caused by the negligence or release or otherwise.
  3. I acknowledge that LEGACY Ministries 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 event or activity on behalf of LEGACY Ministries.
  4. I acknowledge that this activity or event may involve a test of a person's physical and mental limits and may carry with it the potential for illness, death, serious injury, and property loss. The risks may include, but are not limited to, those caused by infectious disease, terrain, facilities, temperature, weather, condition of participants, work-out equipment, tools, vehicular traffic, actions of other people including, but not limited to, participants, volunteers, spectators, coaches, event officials, and event monitors, and/or producers of the event, and lack of hydration. These risks are not only inherent to participants, but are also present for volunteers.
  5. I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident, and/or illness during this event or activity.
- V. I understand that at this event or related activities, I may be photographed. I agree to allow my photo, video, or film likeness to be used for any legitimate purpose by the event holders, producers, sponsors, organizers, and affiliates.
- VI. I understand and it has been communicated to me that I am never to use charcoal while grilling on the LEGACY Property. Failure to comply may lead to disciplinary action in accordance with the city, state, federal and local laws/ regulations.
- VII. I understand the use and/ or possession of personal firearms is prohibited on LEGACY Property.
- VIII. I understand the use and/ or possession of drugs/ alcohol/ tobacco is prohibited on LEGACY Property. Drugs that are purchased OTC or prescribed by a physician are permitted.
- IX. I acknowledge it is my responsibility to make the LEGACY staff aware of my health history which may include: prescription medication, medical history, current illness, diseases, allergies etc.
- X. I understand and it has been communicated to me that boating is not a part of the LEGACY curriculum but a personal recreational activity. Therefore, I hereby hold myself accountable for all risk/ injuries/ death involved in boating activity and hold harmless LEGACY Ministries and its employees, directors, representatives, interns for all conduct pertaining to recreational boating activity.

XI. The Accident Waiver and Release of Liability Form shall be construed broadly to provide a release and waiver to the maximum extent under applicable law.

XII. 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.

I hereby sign it of my own free will and declare that I am at least eighteen (18) years of age.

Full Legal Name (Print): \_\_\_\_\_ DOB: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_