

Liability Waiver and Medical Release: Fill out if under the age of 18 years

Notice: This is a binding legal document. Please read carefully and sign. Consult an attorney if you have any questions. It is a release of claims and hold harmless for future accidental injuries or death of the participant and all of his or her family members. It is also an authorization for emergency medical or dental care for the participant. This document must be notarized in the event the participant is under 18 years of age.

I, the undersigned, the parent or legal guardian, of the minor listed below:

Minor's full name

Birth date (MM/DD/YEAR)

Agree to the terms of this waiver and consent for the activity described below.

Dates/time frame: _____

1. I have inquired about the activity to my satisfaction and am aware of all the inherent dangers and hazards of the above activity/event and the benefits to be gained the participant engaging in the activity/event.

2. By signing this waiver, I understand and agree that neither Buffalo Dream Center, hereinafter known as BDC, nor its agents, officers, directors, employees, volunteers, or ministry partners may be held liable in any way for any occurrence in connection with the above activity/event which may result in illness, injury, death, or other dangers to the participant, heirs, family members, or assigns. I waive any such claim for compensation, liability, or reimbursement of any incurred expenses as a result of illness, injury, death or other medical expenses.

3. By signing this waiver, I understand and agree that neither the BDC, nor its agents, officers, directors, employees, volunteers, or ministry partners may be held liable in any way for any lost, stolen, or damaged property belonging to the participant, heirs, family members, or assigns. I waive any such claim for compensation, liability, or reimbursement of incurred expenses.

4. For being allowed to participate in the above activity/event, the participant and all my family members, heirs, or assigns personally assume all risks in connection with the activity. I release BDC, its agents, officers, directors, employees, volunteers, or ministry partners from any injury or damage, which may befall the participant while engaged in the above activity/event. This release includes all risks connected with the activity/event, whether foreseen or unforeseen. I further agree to save and hold harmless BDC and the above named persons from any claim by me, or family members, estate, heirs, or assigns arising out of the participation in the above activity/event.

5. I authorize any ambulance, hospital emergency service or dental emergency service that may be rendered necessary for the participant. I understand that I assume responsibility for the payment of the ambulance, doctor, dentist, or hospital fees incurred in treating the participant. I waive any such claim for compensation, liability, or reimbursement of incurred expenses.

6. By signing this waiver, I understand that in the event the participant is sent home early from the activity/event listed above, that I assume all expenses related to and necessary for the early departure such as but not limited to car rental, transportation expenses, gas expenses, lodging, meals, and airfare. I waive any such claim for compensation or reimbursement of such expenses.

7. Further I give my permission for any and all pictures, audio, videos, or personal testimonies to be used in part or in whole in any and all future publications printed or recorded, (audio or video), without prior notification or royalties by the Buffalo Dream Center.

8. Furthermore, I state that I am at least 18 years of age, the legal guardian or parent of the participant, and am legally competent to sign this agreement and release; I understand the terms in this agreement and release are contractual and not a mere recital; I have fully informed myself of this agreement and release by reading it before I signed it; I have had the opportunity to consult with legal counsel regarding the effect of this agreement and release, should I so desire; and I have signed this document of my own free act.

Dated this _____ Day of _____ 20_____

Full legal name of parent/guardian

Signature of parent/guardian

Notorization Below: