

# GOD'S APPALACHIAN PARTNERSHIP

## Release and Waiver of Liability, Covenant Not to Sue/Media Release



The undersigned, as parent/legal guardian of (full name of minor) \_\_\_\_\_, a minor, give my express permission for the aforementioned minor to volunteer and participate in certain activities, events, and projects sponsored by God's Appalachian Partnership, Inc. I understand that the minor will stay in facilities owned and/or operated God's Appalachian Partnership, Inc and may at times be traveling with full time and volunteer adult chaperones and/or employees in vehicles which may be owned either by God's Appalachian Partnership, Inc., or by private individuals and do hereby give my express permission for the minor to travel to stay in said facilities and travel in aforementioned vehicles. The undersigned does for himself/herself and on behalf of the aforementioned minor, his/her heirs, administrators, executors, and assigns, RELEASE, WAIVER, COVENANT NOT TO SUE AND DISCHARGE God's Appalachian Partnership, Inc., its departments, agencies, employees, contractors, other ministries participates, sanctioning organization, sponsors, advertisers, employees, volunteers, chaperones, drivers and the owner or leasee of the premises or, equipment or vehicles used in connection with the activities and events sponsored by the God's Appalachian Partnership, Inc., collectively hereinafter sometimes referred as "releasee", from all liability to the undersigned, the heretofore referred to minor and each's personal representatives, assigns, heirs, beneficiaries, spouses, administratrices, and next of kin for any and all loss or damage and any claim or any demand on account of any injury to the undersigned or the aforementioned minor or his/her property, including, but not limited to death, whether caused by the negligence of the "releasee" or otherwise, while the aforementioned minor is participating in the activities, events, projects sponsored by the "releasee", or being upon or about the area of the activities or events, or officiating in, observing, working the activities or events, or for any other purpose participating in or traveling to or from the activity or event.

I consent to the use of video images, photographs, audio recordings, or any other visual or audio reproduction that may be taken of the aforementioned minor during the time they are volunteering for or present at any event or project sponsored by God's Appalachian Partnership, Inc., to be used, distributed, or shown as God's Appalachian Partnership, Inc., sees fit.

The undersigned fully understands that the God's Appalachian Partnership, Inc., has no obligation or requirements to allow the aforementioned minor to participate in it's activities, events or projects and cannot and would not allow the aforementioned minor to participate in the activities, events or projects unless the undersigned had fully read, understood, accepted and agreed to be bound by the terms and conditions contained herein.

The undersigned, by signing this document agrees and represents that he/she has FULLY READ in its entirety this RELEASE AND WAIVER OF LIABILITY, COVENANT NOT TO SUE/MEDIA RELEASE and voluntarily signs the same and further agrees that no oral representations, statement of inducements apart from the foregoing written agreement have been made by the God's Appalachian Partnership, Inc., or any of its employees, representatives or agents.

Signature of parent/legal guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Printed name of parent/legal guardian: \_\_\_\_\_

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

Subscribed and acknowledged before me by \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Signature of Notary: \_\_\_\_\_

My commission expires: \_\_\_\_\_

Notary



**COVID-19 ASSUMPTION OF RISK AND WAIVER**

The undersigned, as parent/legal guardian of (full name of minor) \_\_\_\_\_, a minor, hereby, on behalf of aforementioned minor as well as on behalf of my family members:

- acknowledge the specific and unique risk factors associated with COVID-19 including, without limitation, that it is highly contagious (often spread by person-to-person contact), has a relatively lengthy incubation period, and that certain persons may be asymptomatic carriers and/or spreaders of COVID-19;
- voluntarily and knowingly assume the risk that I may become exposed to, or infected by, COVID-19 at G.A.P. (and that I may then expose others to, or infect others with, COVID-19 at or after time at G.A.P.) as a result of my own acts or omissions and/or the acts or omissions of others;
- understand that staff and personnel associated with G.A.P. will follow the best practices as recommended by federal, state, and local health officials with respect to COVID-19 but acknowledge that those precautions may not be sufficient to prevent the spread of COVID-19;
- confirm that I will fully cooperate with all policies and procedures pertaining to COVID-19, including, without limitation, related to any symptom(s) that I may exhibit and any positive test result;
- knowingly and willingly elect to participate in Reach 2021, acknowledging that I understand and voluntarily accept any and all associated risks, including, without limitation, for any illness, injury, or death that may result from my attendance at G.A.P. and participation in its events as well as from any negligent or grossly negligent act or omission by any of G.A.P.'s directors, employees or clients.

Signature of parent/legal guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Printed name of parent/legal guardian: \_\_\_\_\_

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

Subscribed and acknowledged before me by \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Signature of Notary: \_\_\_\_\_

My commission expires: \_\_\_\_\_

Notary