

3901 Hatch Blvd.  
Sheffield, AL 35660  
256-762-4147

COLBERT/LAUDERDALE  
BAPTIST ASSOCIATION

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**WAIVER & RELEASE**

*Participants in events held at the Earle Trent Assembly or facilitated by Colbert/Lauderdale Baptist Association shall provide a signed and witnessed **or** notarized Waiver & Release Form, including adults 19 and over. All participants under 19 must have a Waiver & Release signed by Parent/Guardian and witnessed or notarized.*

Event Name: _____	Event Date: ____/____/____
Church/Organization Name: _____	City/State: _____ Phone _____
Name: _____	Age: _____ Sex: Male/Female
Address: _____	Birth Date: ____/____/____
City: _____	State: _____ Zip: _____
Parent/Guardian: _____	
Home Phone: (____) _____	Work Phone: (____) _____ Cell (____) _____
Email Address: _____	

By signing this form, I agree to the following:

Consideration. I acknowledge the personal benefits accruing to me (and my child, as applicable) by reason of participation in the above described event and am aware of the activities in which I, or my child, will be involved through said participation.

Release / Indemnification. I hereby, in consideration of such benefits and other good and valuable consideration received, consent to the above listed participation and release absolutely, forever discharge, hold harmless and covenant not to sue Colbert/Lauderdale Baptist Association, its directors, employees, agents, volunteers and affiliates from any and all present or future liability, claims, demands, actions, or rights of action, whether asserted by me or a third party arising out of my (or my child's) participation in event activities or based on the supervision or protection of my child, which I acknowledge is not the responsibility or obligation of Colbert/Lauderdale Baptist Association, and whether based on negligence, gross negligence, breach of contract or otherwise (collectively, the "Claims"). I agree to indemnify Colbert/Lauderdale Baptist Association for any such

Claims brought by me or a third party from any costs associated with defending or litigating such claims, including but not limited to attorney fees, costs and legal expenses.

Assumption of Risk. I am aware of the risks associated with participation in the event(s) and do hereby voluntarily assume full responsibility for any risk of loss, property damage or personal injury, including death, that may result from participation in event activities.

Medical Emergency. In the event of injury or a medical emergency, I understand that the group's leader, not Colbert/Lauderdale Baptist Association, will be responsible for the medical care of all attendees. It will be the group leader's responsibility to assess medical needs, obtain and consent to appropriate medical care, transport persons in need of medical care and contact parents or guardians of minors. I release Colbert/Lauderdale Baptist Association from any and all liability related to medical treatment. In addition, I assume the risk and financial responsibility for any injury resulting from the attendee's participation in all Colbert/Lauderdale Baptist Association events.

Understanding. I represent and acknowledge that I have completely read and understand this document and all its terms, that I have had an ample opportunity to obtain the advice of counsel and that, by signing this document, I understand that I am relinquishing legal rights and remedies that may have otherwise been available to me. I understand that this Waiver and Release shall be construed as broadly and inclusively as is permitted by applicable law and agree that if any portion of this document is held invalid, the remaining shall continue in full force and effect. To the extent the restriction on filing lawsuits is deemed unlawful, I agree to submit to any Claims to a Christian conciliation/mediation organization for binding resolution.

Media Consent. I acknowledge the media will be used to capture comments, interviews, pictures and video of Colbert/Lauderdale Baptist Association activities in which I will participate. By signing this form, I give my consent and permission for the taking of photographs, recordings, statements, and/or video of me (and/or my child) during and regarding Colbert/Lauderdale Baptist Association activities; provided, my name and/or my child's name is not used without my consent in writing. I hereby grant Colbert/Lauderdale Baptist Association the right to edit, use and reuse the materials for its purposes in print, on the internet, and all other forms of media and assign any and all rights in such materials. I also hereby release Colbert/Lauderdale Baptist Association and its agents and employees from all claims, demands, and liabilities whatsoever in connection with the above.

**CAUTION: READ THIS DOCUMENT CAREFULLY BEFORE SIGNING. THIS IS A GENERAL RELEASE AND INDEMNIFICATION OF CLAIMS.**

**Please check which applies:**

- Parent/Guardian (for attendee under 19 years of age)                       Attendee (19 years of age and over)

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

Relationship to Attendee \_\_\_\_\_ Contact #: \_\_\_\_\_

**Witness (required if not notarized)**

I witnessed \_\_\_\_\_ sign the above Waiver and Release on

\_\_\_\_\_  
*Attendee, Parent or Guardian*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*(Witness) Signature*

\_\_\_\_\_  
*(Witness) Print Name*

\_\_\_\_\_  
*(Witness) Address*

\_\_\_\_\_  
*City*

\_\_\_\_\_  
*State*

\_\_\_\_\_  
*Zip Code*

**OR**

**Notary Information (optional)**

The following is to be completed by the notary witnessing parent/guardian or attendee's signature.

The State of \_\_\_\_\_

The County of \_\_\_\_\_

Before me, a Notary Public, on this day personally appeared \_\_\_\_\_  
known to me (or proved to me on the oath of \_\_\_\_\_)

to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that he executed  
the same for the purpose and consideration therein expressed. Given under my hand and the seal of the office this  
\_\_\_\_\_ day of \_\_\_\_\_, A.D. \_\_\_\_\_.

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

Notary Public