

Release of Liability Waiver

Sonshine Children's Center/Dr. Mary Bennett Foundation Participant Agreement, Release, and Assumption of Risk



Facility Address: 18754 Highway 160, Linefork, Kentucky 41833

Church Group or Team Name: _____

Date(s) of Activity: _____

I, the undersigned participant, hereby acknowledge and agree to the following terms and conditions:

1. Assumption of Risk:

- I understand that participating in activities at the Sonshine Children's Center/Dr. Mary Bennett Foundation involves inherent risks. These risks may include, but are not limited to, physical injury, illness, property damage, and emotional distress.
- I voluntarily assume all risks associated with my participation in activities on the premises.

2. Release and Waiver:

- In consideration of being allowed to use the facilities and participate in activities, I hereby release and discharge the Sonshine Children's Center/Dr. Mary Bennett Foundation, its directors, officers, employees, volunteers, and agents from any and all liability, claims, demands, actions, or causes of action arising out of my participation.
- This release includes; but is not limited to, claims for personal injury, property damage, or wrongful death.

3. Indemnification:

- I agree to indemnify and hold harmless the Sonshine Children's Center/Dr. Mary Bennett Foundation from any and all claims, liabilities, costs, and expenses (including attorney fees) arising from my participation.

4. Medical Authorization:

- In the event of an emergency, I authorize the Sonshine Children's Center/Dr. Mary Bennett Foundation to seek medical treatment on my behalf.
- I understand that I am responsible for any medical expenses incurred.

5. Photography and Publicity:

- I grant permission for the Sonshine Children's Center/Dr. Mary Bennett Foundation to use photographs or videos of me for promotional purposes.

6. Agreement to Follow Rules:

- I agree to follow all rules, guidelines, and instructions provided by the Sonshine Children's Center/Dr. Mary Bennett Foundation staff.

By signing below, I acknowledge that I have read and understood this Release of Liability Waiver and agree to its terms.

Participant Name: _____
[Print Participant's Full Name]

Participant Signature: _____
[Sign Here]

Parent or Guardian's Name (If Under 18 years of age): _____
[Print Parent or Guardian's Full Name]

Parent or Guardian's Signature: _____
[Parent or Guardian's Here]

Date: _____

For more information about the Sonshine Children's Center, please visit: www.drmarybennettfoundation.org