

## Passion Sports Release Form

PLEASE READ CAREFULLY AND SIGN BELOW TO INDICATE YOUR AGREEMENT.

NOTE: THIS FORM INCLUDES A RELEASE OF LIABILITY.

Please review and complete the sections below and sign in the space provided to indicate your agreement with all statements made in such sections.

### AUTHORIZATION AND RELEASE OF LIABILITY

I, \_\_\_\_\_ (if under 18 years old this form must be completed by the parent or guardian of the above-named child), on the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ understand that this program is a nonprofit Christian sports ministry program my participation is voluntary and not essential to completion of requirements of any program, school or government agency. I understand that the program is conducted by the Church and its volunteers and staff. I also understand that the Church is solely responsible for all aspects of Passion Sports including selection and supervision of all persons conducting the program; however, Passion Church is not responsible for the selection and supervising persons for any league. I further understand and agree that my participation in athletic and other activities of the program necessarily involves the risk of injury and even death from various causes, including but not limited to accidents, falls, strenuous and prolonged physical activity, dehydration, illness, collision or dispute with other participants, weather related injuries, playing area and equipment defects, and negligence of coaches and referees. I assume these risks. In consideration of the privilege of participation in the program, I hereby release, discharge, hold harmless and indemnify, and covenant not to sue, the Church and Passion Sports, and all of the Church's and Passion Sports' directors, officers, elders, trustees, deacons, employees, volunteers, insurers, agents and representatives, and all other persons associated with the program (including without limitation any other participating churches, sponsors, parents, vendors, coaches and other game and event workers, officials, drivers, and organizations) as to any and all claims for personal injuries, property damage, medical expenses, and economic loss arising directly or indirectly out of my participation in the program, and any first aid, medical care or treatment provided in the event that I am injured or become ill while participating in program activities, and excepting claims that may not be released under applicable law. This Release of Liability shall be as broadly construed as allowed by law to include all claims and rights I or any other family members may have. If any provision of this Release of Liability is deemed invalid, the remaining provisions shall remain in full force and effect. This Release of Liability shall be binding on me, my family, heirs, next of kin, legal representatives, beneficiaries, successors and assigns. I give permission for free use of my name and picture in team photos, broadcasts, telecasts or written accounts for any participation in a Passion Sports sponsored event.

### MEDICAL CONDITIONS

I understand that participation in the program may involve strenuous and prolonged physical activity. I agree that I am healthy and able to participate in the program activities. I understand that the Church or its representatives may request health information and/or ask me to undergo a medical exam. If the Church determines I have a physical or mental condition that may affect my ability to safely and appropriately participate in program activities, the Church may determine that I cannot be permitted to participate. I understand and agree that, while the Church desires that everyone be able to participate, such decisions may have to be made out of concern for the best interests of me and other participants.

### CONSENT TO MEDICAL TREATMENT

In the event I am injured or become ill in program activities, I hereby authorize the Church, its staff, volunteers including volunteer, coaches, assistant coaches, and referees, supervisors and drivers, to arrange for and consent on my behalf to emergency medical and dental care and treatment, including tests and radiological exams, and surgery, and hospital care and treatment, and to consent to medications for pain and other conditions as prescribed by medical personnel. I am responsible for payment of any medical charges or expenses not covered by my insurance. My signature below indicates that all information provided in this form is true and accurate, and that I fully agree to all statements made on the form, including but not limited to the Authorization and Release of Liability, Medical Conditions, and Consent to Medical Treatment.

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Signature (if 18 or older)

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Parent/Guardian Signature (if child is under 18)