

**LEGACY CHRISTIAN CHURCH**  
**CONTINUING WAIVER, RELEASE OF LIABILITY AND INDEMNIFICATION AGREEMENT**

I desire to participate in various programs and activities, including any transportation and other ancillary activities related thereto (collectively "Activities"), sponsored by Legacy Christian Church ("Church"). In consideration of permitting my participation in the Activities, I agree to all of the terms and conditions of this CONTINUING WAIVER, RELEASE OF LIABILITY AND INDEMNIFICATION AGREEMENT ("Release").

I have read any rules and conditions applicable to the Activities, agree to pay any costs and fees for the Activities, and acknowledge my participation is at the discretion of the Church. I hereby authorize the Church, its employees or agents, to render or obtain such emergency medical care or treatment on my behalf as such persons may deem necessary or desirable. As a condition of participating in the Activities, the Church may further require a medical power of attorney or such other documentation it deems appropriate.

My participation in the Activities may expose me to a variety of hazards and risks, foreseen or unforeseen. These risks include, but are not limited to, the dangers of serious personal injury, property damage, and death ("Injuries and Damages"), and Church has not tried to contradict or minimize my understanding of these risks.

By my participation in the Activities, I hereby fully and forever release, waive, and discharge (and agree not to bring or cause to be brought) any and all claims, demands, actions, or causes of action of every possible kind and nature whatsoever, including, without limitation, claims for personal injury, wrongful death, attorney's fees, or property damage, whether or not absolute, known or unknown, or otherwise (collectively "Claims"), against the Church or any of its elders, officers, employees, representatives, agents, independent contractors, or volunteers, and affiliated persons and entities (collectively "Releasees") by reason of, arising out of or relating to my participation in the Activities ("Released Claims"). I further agree to indemnify, defend and hold the Releasees harmless from all Claims and related damages incurred, assessed, incurred or sustained by or against the Releasees by reason of, arising out of, or relating to my participation in the Activities.

I give the Church, and its agents or representatives, permission to publish, distribute, broadcast, televise, promote, license, sell, reproduce, modify, distort, and copyright for all purposes, any photograph, videotape, motion picture or sound recordings produced by such person, which may include my image, likeness, voice, or instrumental music or other sound effects produced by me. I further hereby assign all such rights and property to the Church. In addition, I release all claims against the Church with respect to copyright ownership, publication and right to privacy. I understand and agree that these materials may be duplicated or distributed with or without charge, and/or altered in any form or manner without future/further compensation or liability, in perpetuity.

I have read and understand this Release; my participation is voluntary; and all information provided by me in connection with the Activities is true, complete and correct in all respects. This Release is continuing in nature and will be effective from the date signed until the date a written declaration revoking this Release that is signed by me is received by the Church. Any such revocation must be sent to the Church at 10150 Antioch Road, Overland Park, Kansas 66212, attn: Mr. R. James Schools, and will be effective only with regard to Activities that commence after the date of receipt.

I understand that this Release is binding even if the risks and liabilities being released arise out of, or are related to, the negligence or carelessness of one or more of the Releasees. This Release is binding on my legal representatives, heirs and assigns. By signing this Release, I acknowledge the possibility that I may not fully know the number or magnitude of all the Released Claims, but nevertheless intend to assume the risk associated in any way with participating in the Activities.

I intend to make a complete, general, and unconditional release of any and all claims whatsoever against the Releasees. This Release is intended to be as broad and inclusive as is permitted by law. If any provision or any part of any provision of this Release is held to be invalid or legally unenforceable for any reason, the remainder of this Release shall not be affected thereby and shall remain valid and fully enforceable.

**ALL PARTICIPANTS MUST COMPLETE AND SIGN PAGE 2, SECTION 1**

**IF YOU ARE A MINOR (UNDER AGE 18) OR ARE DISABLED, YOUR PARENT OR LEGAL  
GUARDIAN MUST SIGN THIS RELEASE ON YOUR BEHALF ON PAGE 2, SECTION 2**

**SECTION 1  
PARTICIPANT INFORMATION AND SIGNATURE**

I have read this document in its entirety and I freely and voluntarily assume all risks of such Injuries and Damages and notwithstanding such risks, I desire to participate in the Activities.

Printed Name of Participant: \_\_\_\_\_ Home Campus: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City, State, Zip

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Year of High School Graduation: \_\_\_\_\_  
Month/Day/Year (Students Only)

ALLERGIES AND/OR SPECIAL MEDICAL CONDITIONS: \_\_\_\_\_  
\_\_\_\_\_

Emergency Contact: \_\_\_\_\_  
Name & Relationship Emergency Contact Number

**\*\*Participant** Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*Participants of ALL ages MUST sign and date here – Parent or legal guardian will sign in the section below for minors**

**If you are a minor (under age 18) or are disabled, your parent or legal guardian must complete Section 2 (below) in addition to Section 1 (above).**

**SECTION 2  
PARENT/GUARDIAN INFORMATION AND SIGNATURE**

I have read this Release in its entirety. On behalf of the minor or disabled person shown above, I freely and voluntarily assume all risks of such Injuries and Damages, and notwithstanding such risks, I desire for such person to participate in the Activities.

I hereby acknowledge, agree, and consent to the terms of the foregoing Release on behalf of the minor or disabled person shown above, and state that I am duly authorized to sign this Release on such person's behalf.

I agree to timely pay all costs and expenses for the Activities, as well as any medical care incurred pursuant to this Release.

Printed Name of Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City, State, Zip

Mobile Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

OTC MEDICATION MAY BE GIVEN TO MY CHILD (please initial) \_\_\_\_\_ YES \_\_\_\_\_ NO