



## EPIC CHURCH

### Adult Authorization, Consent and Release

Epic Church.tv, Inc. (the "Church") is organizing or planning a certain Annual Events or activities generally described as "Annual Events". I wish to participate in the Annual Event.

**Please print all answers legibly. Do not leave any blanks. If the answer is none, then write "none" in the space provided.**

Name \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_

Phone-(H) \_\_\_\_\_ (W) \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

The Church should be aware of the following medical condition(s) or special needs of mine:

\_\_\_\_\_  
\_\_\_\_\_

1. I desire to participate in the Annual Events.
2. I certify and affirm that I have been completely and thoroughly informed by Epic Church, that participation in the Annual Events carries a degree of risk and danger. Examples of risky and dangerous activities, and hazards both foreseeable and unforeseeable include, but are not limited to:
  - outdoor physical activities;
  - sports, both informal and organized;
  - use of recreational equipment;
  - travel
  - activities around water, including swimming, wakeboarding, and boating;
  - hiking;
  - camping;
  - accidents or collisions; and
  - inclement weather.These risks and hazards may result in serious physical injury, sickness, or death, and damage to, loss, or destruction of property, and no guarantee can be made that Epic Church or others can provide assistance if any of the foregoing result.
3. If I am injured or need medical attention while participating in the Annual Events, I give the Church, its employees and volunteers, permission to seek medical diagnosis and treatment which in their best judgment they deem to be necessary or appropriate under the circumstances.
4. In cases of emergency, I further consent to my examination or treatment by a physician duly licensed to practice medicine in the State of Alabama or any health care professional duly licensed to provide health care services in the State of Alabama for medical care and services deemed necessary by Epic Church, its agents, servants, and employees.
5. I give permission to the Doctor or health care professional to provide any and all medical care they deem, in their professional opinion, to be necessary.
6. I agree to pay for any and all medical expenses incurred as a result of the use of this consent.

7. I also agree to fully release and hold harmless the Church, its pastors, employees, agents, borrowed servants, contractors and other workers, paid or volunteer, or their heirs and assigns, from any and all injuries, claims, liabilities or causes of action which may arise from my transportation or participation in the Annual Events.
8. I acknowledge and understand that Epic Church may offer other activities not listed above that present similar risks or dangers to me.
9. I consent to my participation in these activities. I acknowledge and understand that this AUTHORIZATION, CONSENT AND RELEASE has the same force and effect regardless of whether the activities engaged in are free or if a fee is charged.
10. Further, I personally assume all risk in connection with said activities for any harm, injury or damages that may befall me as a result of my participation in the activities, whether foreseen or unforeseen, and I still wish to proceed with the activities.
11. In consideration of my being allowed to participate in these activities and to use Epic Church's equipment, I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless Epic Church from any and all claims, demands, or causes of action, which are in any way connected with my participation in these activities or use of the Church's equipment, whether owned or offered for use by various church members and/or volunteers.
12. I understand that it is my obligation to inform the management of Epic Church of any and all health considerations or medical conditions that would restrict my participation in the Annual Events.
13. I acknowledge that I am not aware of any condition or limitation that would dictate not participating in the Annual Events. I will not participate in the Annual Events should I become aware of any such condition or limitation and will not participate in the Annual Events should I have any illness or disease which I reasonably understand to be contagious to others or would put others in jeopardy of contracting such illness or disease.
14. Should the need for medical attention arise, Epic Church will attempt to contact my Emergency Contact, as soon as practicable under the circumstances.
15. By signing this document, I acknowledge that if anyone is hurt or property is damaged during my participation in these activities, I may be found by a court of law to have waived my right to maintain a lawsuit against Epic Church on the basis of any claim from which I have released them herein.
16. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.
17. I consent to the use my photograph, likeness, image, voice or performance on the Church's internet website, CD or DVD labels, video tape or film clips, advertisements or other official Church publications at the sole discretion of the Church and to be used in whole or in part of any and all broadcasting, audio/visual, and/or exhibition purposes in any manner or media, in perpetuity, throughout the world.
18. I have fully informed myself of the contents of this AUTHORIZATION, CONSENT AND RELEASE by reading it before I signed it.
19. I agree that any claim or dispute arising from or related to this agreement, other than a claim for injunctive relief as otherwise provided in this Agreement, shall be settled by mediation or arbitration in Morgan County, Alabama, in accordance with the then governing *Rules of Procedure for Christian Conciliation* of the Institute for Christian Conciliation. In the event that the Institute for Christian Conciliation ceases to exist during the course of this Agreement, arbitration under this section shall be conducted according to the rules of the American Arbitration Association. Judgment upon an arbitration award may be entered in any other court otherwise having jurisdiction. I agree that each party, myself and Epic Church, shall bear our own costs related to any other medical or arbitration proceeding.

For Myself \_\_\_\_\_ Date \_\_\_\_\_

(Signature)

\_\_\_\_\_  
(Printed Name)