



# Zion Hill Missionary Baptist Church

250 Dr. Samuel McCree Way ~ Rochester, New York 14611 ~ (585) 328-4660

Rev. Dr. Richard Douglass, Pastor [www.zion-hill.org](http://www.zion-hill.org)

## Zion Hill Missionary Baptist Church – Church Liability Waiver

I understand that any trip planned by the Church has, by its very nature, risk associated with it.

I agree to assume all risk of personal injury resulting from the negligence of Zion Hill Missionary Baptist Church, during the course of the entire Youth Ministry Trip.

I hereby voluntarily release, forever discharge and agree to hold harmless and indemnify, Zion Hill Missionary Baptist Church from any and all liability claims, demands, including those allegedly attributable to the negligent acts or omissions of Zion Hill Missionary Baptist Church.

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

### Name of Child or Children:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_



## LIABILITY WAIVER AND PHOTOGRAPHY WAIVER

Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone # \_\_\_\_\_

### ACKNOWLEDGE OF RISKS

I understand and acknowledge that by participating in the activity of "Skate Lovers" roller skating activities and by using the equipment supplied by SKATE LUVERS ROLLER PALACE, I am exposing myself to certain and unanticipated risks that could result in injury or death to myself, to my personal property, or to spectators, or other third parties. I understand that those risks may result in personal claims against SKATE LUVERS ROLLER PALACE or claims against me by spectators or other third parties.

### ACCEPTANCE OF RESPONSIBILITY

Being aware of the risks involved in participating in "Skate Lovers" roller skating activities and in using the facilities and equipment supplied by SKATE LUVERS ROLLER PALACE, I expressly agree, covenant and promise to accept responsibility for any and all risk of injury or death to myself or to my property or to spectators or other parties, suffered as a result of my participation in this activity. My participation in this activity is purely voluntary and I elect to participate in spite of the risks.

### INSURANCE AND REPRESENTATION OF PHYSICAL CONDITION

I understand that no medical insurance benefits are provided to participants or spectators during this activity. I acknowledge that I will have to pay for any and all medical attention required for any injury I may suffer during this event. I certify that I am in good physical condition at the time I began this activity and that I am not suffering from any physical or mental condition nor am I under medical care for any such condition.

### RELEASE AND DISCHARGE

I have read and I fully understand this entire agreement. By signing below, I, in consideration of the services of SKATE LUVERS ROLLER PALACE, and the right to engage in this event, hereby voluntarily release and discharge SKATE LUVERS ROLLER PALACE, it's owners, agents, and employees, from any and all liability and claims, including any negligent act or omission of SKATE LUVERS ROLLER PALACE, it's agents or employees for any injury or death to myself or my property arising from or incident to my participation in this activity and equipment supplied by SKATE LUVERS ROLLER PALACE or from any claim asserted against me by any third party.

### PHOTOGRAPHY/ VIDEO RELEASE

I grant to "Skate Lovers", its representatives and employees the right to take photographs of me and my property in connection with the identified subject. I authorize "Skate Lovers", its assigns and transferees to copyright, use and publish the same in print and/or electronically.

X \_\_\_\_\_ Date \_\_\_\_\_  
Signature of responsible party over 18 years of age

Kid's Names \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_