



# VISION MINISTRY, INC., OF HUNTSVILLE, AL

## ACTIVITY AUTHORIZATION FORM

Date of Event at The Vision: \_\_\_\_\_ Event Name: \_\_\_\_\_  
 Church/Organization Name: \_\_\_\_\_ City/State: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Participant Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_  
 Address: \_\_\_\_\_ Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Parent/Guardian: \_\_\_\_\_  
 Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_  
 Email address: \_\_\_\_\_

### Liability Release

I acknowledge the personal benefits accruing to me (and my child, as applicable) by reason of participation in an event with Vision Ministry, and I am aware of the activities in which I, or my child, will be involved through said participation. I hereby, in consideration of such benefits and other good and valuable consideration received, consent to the above listed participation and release absolutely, forever discharge, hold harmless and covenant not to sue Vision Ministry, their directors, employees, agents, volunteers, and affiliates from any and all present or future liability, claims, demands, actions, or rights of action, whether asserted by me or a third party arising out of my (or my child's) participation in event activities (the "Claims"). I agree to indemnify Vision Ministry for any such Claims brought by me or a third party from any costs associated with defending or litigating such claims, including but not limited to attorney fees, costs, and legal expenses.

### Assumption of Risk

I am aware of the risks associated with participation in the event(s) and do hereby voluntarily assume full responsibility for any risk of loss, property damage, or personal injury, including death, that may result from participation in event activities. Events may include but are not limited to team sports, hiking, swimming, low and high ropes course activities, archery, canoeing, climbing, rappelling, and tomahawk throwing.

### Media Release

By signing this form, I give Vision Ministry and its leaders/staff permission to feature my child in the following: photographs, recordings, statements, and/or video during and regarding activities at Vision Ministry and hereby grant Vision Ministry the right to edit, use, and reuse these materials for its purposes in print, on the internet, and all other forms of media and assign any and all rights in such materials and hereby release Vision Ministry and its agents and employees from all claims, demands, and liabilities whatsoever in connection with the above.

### Medical Emergency

In the event of injury or a medical emergency, I understand that my group's leader, not Vision Ministry, will be responsible for the medical care of all attendees. It will be the group leader's responsibility to assess medical needs, obtain and consent to appropriate medical care, transport persons in need of medical care, and contact parents or guardians of minors. I release Vision Ministry from any and all liability related to medical treatment. In addition, I assume the risk and financial responsibility for any injury resulting from the attendee's participation in all Vision Ministry events.

### Understanding

I represent and acknowledge that I have completely read and understand this document and all its terms, that I have had an ample opportunity to obtain the advice of counsel and that, by signing this document, I understand that I am relinquishing legal rights and remedies that may have otherwise been available to me. I understand that this Waiver and Release shall be construed as broadly and inclusively as is permitted by applicable law and agree that if any portion of this document is held invalid, the remaining shall continue in full force and effect. To the extent the restriction on filing lawsuits is deemed unlawful, I agree to submit any Claims to a Christian conciliation/mediation organization for binding resolution.

**CAUTION: READ THIS DOCUMENT CAREFULLY BEFORE SIGNING. THIS IS A GENERAL RELEASE AND INDEMNIFICATION OF CLAIMS.**

Please check which applies:

- Parent/Guardian (for attendee under 19 years of age)       Attendee (19 years of age and over)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to Attendee: \_\_\_\_\_ Contact #: \_\_\_\_\_