Liability and Responsibility Agreement Form

Discipled Youth AcademyLLC (hereafter "the Program")

RELEASE & HOLD HARMLESS, MEDICAL, PHOTOGRAPHY, & TRANSPORT		
CONSENT AGREEMENT In order to participate in the program, the Parent/Guardian of a Minor		
must complete this form and submit it to the Program Director. All Participants, Staff and		
Volunteers must complete this form and submit it to the Program Director.		
(Initials on NI/A) For Perent/Crendies of		
(Initials or N/A) For Parent/Guardian of		
I am the Parent/Guardian of ("Participant") who is under my care or under eighteen years of age, and I am fully competent to sign this.		
or		
(Initials or N/A) I am the participant (full name)		
, and I am fully competent to sign this.		
, and ram rany competent to sign this.		
(Initials) For Participant, Parent/Guardian of Participant or Volunteer. I give permission for Participant to participate in <u>Discipled Youth AcademyLLC (hereafter "the Program"</u>). I acknowledge that there is risk of injury or illness from the activity involved in the Program. I acknowledge the risk of Covid, injury or illness including the potential for permanent disability and death.		
(Initials or N/A) In consideration of Participant being permitted to participate in the Program, I, on behalf of myself, my heirs, successors, and assigns, and/or as parent or legal guardian of Participant, or as the participant, KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE of the Program, their respective staff and volunteers, Beautiful Savior Lutheran Church of Summerville, their respective staff, volunteers and members, the State of South Carolina, their respective officers, directors, agents, servants, employees, members, successors and assigns, and I assume full responsibility for my or my child's participation in the program.		
(Initials) I, on behalf of myself, my heirs, successors, and assigns, and as parent or legal guardian of Participant, HEREBY RELEASE AND HOLD HARMLESS the Program, their respective staff and volunteers, Beautiful Savior Lutheran Church of Summerville, their respective staff, volunteers and members, the State of South Carolina, their respective officers, directors, agents, servants, employees, members, successors and assigns, ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, that may result from or occur during Participant's participation in the Program.		
Parent Print: Signature:		
Date:		

Church of Summerville, their respective staff at staff and volunteers, the State of South Carolin servants, employees, members, successors ar any person(s) and damage to(continue negligent or intentional act or omission while person (Initials) I, on behalf of myself, my hei	na, their respective officers, directors, agents, and assigns, from liability for the injury or death of ed) property that may result from Participant's
property and members, the State of South Care	of Summerville, their respective staff, volunteers, colina, their respective officers, directors, agents, and assigns, ("Releasees"), WITH RESPECT TO or loss or damage to person or property, OF THE RELEASEES OR OTHERWISE, that
Parent Print:	Signature:
Date:	