



RELEASE OF LIABILITY AND INDEMNIFICATION AGREEMENT

This is a binding contract. Please read carefully before signing. Parent/guardian must sign if the participant is under age 18. I, _____ represent and warrant that I am the Parent/Guardian of the child/participant listed below (“my child”). I hereby acknowledge that I have freely and voluntarily chosen to enroll my child in Camp(s) at Life University. In consideration for my child's being permitted to participate in the Camp at Life University and other valuable consideration, I hereby execute this Release of Liability with the intent to bind myself, my spouse (if applicable), my heirs, assigns and legal representatives. I further represent that I am eighteen (18) years of age or older and competent to sign this affirmation and release. I fully understand and agree that certain aspects of the Camp could be physically demanding and that my child faces risks of accidental or other physical and/or emotional injury by participating in the Camp. These risks may include, but are not limited to, (1) loss or damage to personal property, and (2) injury or fatality due to (a) use of electrical equipment, such as computers, and (b) walking, running, jumping, or other physical activity, or inclement weather and conditions, which may cause slips and falls. I understand these and other inherent risks and assume and accept all risks associated with my child's participation in the Camp. I further represent that my child is in good physical condition, and does not possess, nor am I aware of, any physical or mental disabilities that will limit his/her ability to participate in the Camp. I understand Life University is not responsible for any medical or other costs associated with an injury sustained by my child.

BY SIGNING BELOW, I AGREE THAT WORKSHOP SHALL BE UNDERTAKEN BY MY CHILD AT HIS/HER OWN RISK AND THAT NEITHER Life University, ITS TRUSTEES, OFFICERS, EMPLOYEES, STUDENTS, AGENTS NOR ASSIGNS SHALL BE LIABLE FOR ANY INJURIES, DAMAGES, CLAIMS, DEMANDS, ACTIONS OR CAUSES OF ACTION WHATSOEVER THAT MAY ARISE OUT OF OR HAVE A CONNECTION WITH MY CHILD'S PARTICIPATION IN THE CAMP, WHETHER FROM NEGLIGENCE ON HIS/HER PART, OR THE PART OF TJC OR ITS TRUSTEES, OFFICERS, EMPLOYEES, STUDENTS, AGENTS OR ASSIGNS, AND I DO HEREBY AGREE TO FOREVER RELEASE, DISCHARGE, INDEMNIFY, HOLD HARMLESS AND DEFEND LIFE UNIVERSITY, ITS TRUSTEES, OFFICERS, EMPLOYEES, STUDENTS, AGENTS AND ASSIGNS FOR ANY INJURIES DAMAGES, CLAIMS, DEMANDS, ACTIONS OR CAUSES OF ACTION, INCLUDING ATTORNEYS' FEES, ARISING OUT OF OR RELATED TO MY CHILD'S PARTICIPATION IN WORKSHOP. In exchange for my child's participation in Camp, I consent and authorize Life University to use, reproduce, distribute, and/or display my child's likeness or image from any video or photograph taken at Camp for advertising, publicity, and/or other publications. I agree that such images of my child are Life University’s sole property and waive any right to inspect or approve same, or receive compensation for same. The laws of the State of Georgia govern and construe the terms of this Release of Liability.

ACCEPTED AND AGREED:

Name of Child/Participant: _____

Parent/Legal Guardian's Signature _____ **Date** _____



Parent/Guardian's Printed Name _____

Area Code/Phone _____

Address/City/State/Zip Code _____