

AFFIRMATION AND LIABILITY RELEASE
HCY Lock-In

Your legal rights are affected. Please read carefully before signing.

In consideration of being allowed to participate in the **Headwaters Christian Youth (HCY) Lock-In Activities**, I understand and agree with Pump Up the Party, Rhinelander School District, Hodag Lanes and Headwaters Christian Youth, their officers, employees, agents and volunteers (“the Releasees”) that:

- a) neither the Releasees nor any of them may be held liable in any way for any occurrence in connection with this Lock-In and all its activities howsoever caused, which may result in injury, death or any other loss or damages to me or my family, and
- b) I personally, on behalf of the participant listed below, assume all risks in connection with the program, including and without limitation, all risks connected therewith, whether or not occurring as a result of the negligence of the Releasees or any of them.

I further state that I am the parent/guardian and legally competent to sign this affirmation on behalf of the participant listed below and that I understand the terms therein are contractual and not a mere recital; and that I have signed this document of my own free act.

IT IS MY INTENTION BY THIS INSTRUMENT TO EXEMPT AND RELEASE THE RELEASEES AND EACH OF THEM FROM ALL LIABILITY WHATSOEVER FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH HOWSOEVER CAUSED OR ARISING INCLUDING THE NEGLIGENCE OF THE RELEASEES OR ANY OF THEM.

I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTOOD THIS DOCUMENT BEFORE SIGNING IT. I VERIFY THAT I UNDERSTAND THE NATURE OF THE ACTIVITIES INVOLVED AND THAT THE PARTICIPANT IS PHYSICALLY FIT AND SUFFICIENTLY QUALIFIED TO PARTICIPATE IN ALL ACTIVITIES.

I give Headwaters Christian Youth permission to use photos of my child in HCY promotional materials to include but not limited to the Headlines, flyers and social media such as Facebook. **Parent/guardian Initial** _____ **date** _____

PRINT NAME OF PARTICIPANT

PRINTED NAME AND PHONE NUMBER
OF PARENT OR LEGAL GUARDIAN

SIGNATURE OF PARENT OR LEGAL
GUARDIAN / DATE

As a part of the Lock-In, students will hear from the speaker what it means to have their sins forgiven and have a personal relationship with Jesus.

In the event of a medical emergency during this event and in case the person named above cannot be reached, I authorize the bearer of this form to request, authorize and direct any and all necessary medical care for _____.