

CATALYST MINISTRY

WAIVER, RELEASE OF LIABILITY, AND ASSUMPTION OF THE RISKS

In consideration of and as a condition of participating in voluntary activities and programing provided by CATALYST MINISTRY, I, the undersigned, execute this Release and state, accept and make the statements contained herein.

I UNDERSTAND AND ACKNOWLEDGE THAT CATALYST MINISTRY AND/OR ANY OF THEIR VOLUNTARY PROGRAMING, FOOD, FACILITIES EMPLOYEES, AGENTS, VOLUNTEERS, BOARD, TRUSTEES, COMMITTEES, GROUNDS, EQUIPMENT, AND/OR PROPERTY, MAY EXPOSE ME AND/OR MY CHILD(REN) TO CERTAIN RISKS OF DISEASE, SICKNESS, ALLERGIC REACTIONS, PERSONAL INJURY (INCLUDING DEATH) AND OTHER PROPERTY DAMAGE, AND I, ON BEHALF OF MYSELF AND MY CHILD(REN) AM WILLING TO AND DO HEREBY AS INDICATED BELOW BY MY SIGNATURE, ASSUME ALL THESE RISKS, KNOWN AND UNKNOWN.

Initial

I accept full responsibility for and agree to provide any medical expenses and insurances to cover me and/or my child (ren) for any disease, sickness, personal injury (including death), contraction of any virus, bacterial infection, or condition (including COVID-19 or Coronavirus), and/or property damage arising out of any Catalyst Ministry voluntary activities and programing.

I hereby certify that I and my child (ren) are capable of participating in the voluntary activities or consuming food provided by Catalyst Ministry and/or entering upon any of their facilities and grounds for such purposes and I and my child (ren) are healthy, including not displaying any symptoms associated with either COVID-19 or Coronavirus, and have no physical or mental disabilities or infirmities that would restrict full participation in any activities except as listed below.

I, AS AN INDIVIDUAL AND ON BEHALF OF MY CHILD(REN), HEREBY WAIVE, RELEASE, AGREE TO DEFEND AND FULLY INDEMNIFY AND COVENANT NOT TO SUE CATALYST MINISTRY AND/OR ANY OF THEIR EMPLOYEES, AGENTS, VOLUNTEERS, BOARD, TRUSTEES, COMMITTEES, AND/OR OTHER REPRESENTATIVES, FOR ANY AND ALL CLAIMS, RIGHTS, CAUSES OF ACTIONS, DEMANDS OR OTHERWISE, WHETHER FOR PERSONAL INJURIES, DISEASE, SICKNESS, PROPERTY DAMAGE, OR ANY OTHER LOSS, DAMAGE, OR EXPENSE, WITHOUT LIMITATION, MADE ON ACCOUNT OF OR RELATED TO INJURY SUFFERED IN THE NORMAL COURSE AND USE OF CATALYST MINISTRY'S PROGRAMING, FOOD, FACILITIES, AND/OR GROUNDS.

Initial

I HAVE READ, UNDERSTAND AND AGREE TO BE BOUND BY THIS WAIVER, RELEASE OF LIABILITY AND ASSUMPTION OF THE RISKS.

PRINT Name, as an Individual and as Parent/Guardian and Representative

Date

Easter Event 2022

SIGNATURE

Please list the first and last name of all children and any physical limitations (allergies, food allergies, hearing, sight, etc.):