

**WAIVER, RELEASE OF LIABILITY, AND ASSUMPTION OF THE RISKS**

In consideration of the consent given by the LAKE METROPOLITAN HOUSING AUTHORITY (“LMHA”) for the use of its facilities and grounds, and as a condition of participating in voluntary activities and programing provided by CATALYST MINISTRY within or upon LMHA’s facilities and/or grounds, I, the undersigned, execute this Release and state, accept and make the statements contained herein.

**I UNDERSTAND AND ACKNOWLEDGE THAT THE LAKE METROPOLITAN HOUSING AUTHORITY, CATALYST MINISTRY AND/OR ANY OF THEIR VOLUNTARY PROGRAMING, FOOD, FACILITIES EMPLOYEES, AGENTS, VOLUNTEERS, PUBLIC OFFICIALS, BOARD, TRUSTEES, LEGISLATIVE BODY, 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 conditions and/or use of LMHA’s facilities and/or grounds and/or 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 LMHA 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 LAKE METROPOLITAN HOUSING AUTHORITY, CATALYST MINISTRY AND/OR ANY OF THEIR EMPLOYEES, AGENTS, VOLUNTEERS, PUBLIC OFFICIALS, BOARD, TRUSTEES, LEGISLATIVE BODY, 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 LAKE METROPOLITAN HOUSING AUTHORITY AND/OR 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.**

\_\_\_\_\_  
Name, as an Individual and as Parent/Guardian and Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
SIGNATURE

Please list any physical limitations (allergies, food allergies, hearing, sight, etc.) and person’s name:

\_\_\_\_\_  
NAMES

**LAKE METROPOLITAN AUTHORITY & CATALYST MINISTRY  
WAIVER, RELEASE OF LIABILITY & ASSUMPTION OF THE RISK**

**INSTRUCTIONS**

1. Add your initials after the second paragraph on the line provided.
2. Add your initials after the fifth paragraph on the line provided.
3. Add your name on the line above “Name, as an Individual and as a Parent/Guardian and Representative” close to the bottom of the page.
4. Enter the date on the line as indicated.
5. Sign on the line as indicated.
6. Add the first and last names of all children participating on the line labeled “NAMES”.