

READ CAREFULLY - THIS AFFECTS YOUR LEGAL RIGHTS

In exchange for participation in the events hosted by the following organizations, the Carolina Warriors, and Peachtree Baptist Church and for the use of the property, facilities and services of the above listed organization and facilities, I agree for myself, (if applicable) for the members of my family, and third parties to the following:

1. I agree to observe and obey all posted rules and warnings, and further agree to follow any oral instructions or directions given by afore mentioned organization and facilities, or the employees, representatives or agents of the afore mentioned organizations and facilities.

2. I recognize that there are certain inherent risks associated with the above described activity and I assume full responsibility for personal injury to myself and (if applicable) my family members, and further release and discharge the a fore mentioned organization and facilities for injury, loss or damage arising out of my or my family's use of or presence upon the facilities of the afore mentioned organization and facilities, whether caused by the fault of myself, my family, the a fore mentioned organization and facilities, or other third parties.

3. I agree to indemnify and defend the a fore mentioned organization and facilities against all claims, causes of action, damages, judgments, costs or expenses, including attorney fees and other litigation costs, which may in any way arise from my or my family's use of or presence upon the facilities of the a fore mentioned organization and facilities.

4. I agree to pay for all damages to the facilities of afore mentioned organization and facilities caused by my or my family's, or negligent, reckless, or willful actions.

5. I consent to the participation of my daughter /son/ ward (circle one), _____ (child's name) in afore mentioned organizations' and facilities' event, and agree on behalf of the above minor to all of the terms and conditions of this Agreement. By signing this Release of Liability, I represent that I have legal authority over and custody of said child.

6. In the event of an injury to the above minor during the above described activities, I give my permission to the a fore mentioned organizations and facilities or to the employees, representatives or agents of the a fore mentioned organizations and facilities to arrange for all necessary medical treatment for which I shall be financially responsible if I cannot be contacted using the contact information given below. This temporary authority will apply to the following dates: Dec. 7, 2019. This temporary authority will remain in effect until terminated in writing by the undersigned or by the concluding of the event on Dec. 7, 2019, whichever occurs first. The afore mentioned organizations shall have the following powers:
a. The power to make every effort to contact the parent/guardian before arranging medical treatment,
b. The power to make appropriate decisions regarding clothing, bodily nourishment and shelter,
c. The power to seek appropriate medical treatment or attention on behalf of my child as may be required by the circumstances, including without limitation, that of a licensed medical physician and/or a hospital, and
d. The power to authorize medical treatment or medical procedures in an emergency situation.

7. Any legal or equitable claim that may arise from participation in the above shall be resolved under South Carolina law.

I HAVE READ THIS DOCUMENT AND UNDERSTAND IT. I FURTHER UNDERSTAND THAT BY SIGNING THIS RELEASE, I VOLUNTARILY SURRENDER CERTAIN LEGAL RIGHTS.

Parent signature: _____ Name: _____ Date: _____

Address: _____

In case of an emergency, please call _____ (Relationship: _____)

(_____) OR (_____)