

INDIANA MINISTRIES OF THE CHURCH OF GOD, INC.
2022 DISCOVER YOUTH CONVENTION
RELEASE/WAIVER OF LIABILITY AND MEDICAL AUTHORIZATION

The undersigned participant ("Participant") in the 2022 DISCOVER Youth Convention, sponsored by Indiana Ministries of the Church of God, Inc. ("Indiana Ministries"), in PLAINFIELD, INDIANA on November 18-20, 2022, and Participant's parent(s) or legal guardian(s) (if Participant is under 18), in consideration of the benefits received from Participant's participation in the DISCOVER Youth Event, individually affirm and agree for November 18-20, 2022 that:

1. **Acknowledgment of Risk.** I fully understand and acknowledge that participating in DISCOVER exposes Participant to hazards, dangers, and other risks to bodily health, safety, and wellbeing. Such exposure includes but is not limited to: general transportation and traffic issues, hotel safety, city threats, exposure to illness, theft/loss of personal belongings, loud music, crowded areas, service projects, etc. I understand that the risks and dangers inherent in these activities may be caused by the negligence of the Participant or others, accidents, breaches of contract, forces of nature, human hostilities, or other causes, and knowingly assume those risks.
2. **Obligations of the Participant.** As a condition of participating in DISCOVER, Participant shall (1) learn and consistently follow the rules governing DISCOVER and its associated activities, (2) obey all instructions of staff and volunteers of DISCOVER and/or Indiana Ministries, and (3) immediately alert DISCOVER and/or Indiana Ministries staff or volunteers of any perceived dangers or hazards to the safety of any DISCOVER participants.
3. **Permission.** I give permission for Participant to participate in DISCOVER and all its associated activities, including but not limited to those described in Section 1 above. I also authorize Indiana Ministries' staff, volunteers, or agents to provide medical treatment to Participant, as specified in Section 5 below, "Medical Authorization."
4. **Liability Waiver/Release.** In consideration of Participant's participation in DISCOVER and intending to be legally bound, I hereby, for myself, my heirs, executors, and administrators, assume all risks and dangers identified above and hereby agree to release and hold harmless Indiana Ministries, its service providers, employees, volunteers, directors, officers, and other agents, from any and all liabilities, claims, demands, actions, or losses for or from bodily injury, property damage, sickness, wrongful death, loss of services, or otherwise, which may arise out of Participant's participation in DISCOVER or related activities and which may arise out of Participant's participating in any activity associated with DISCOVER.
5. **Medical Authorization and Release.** I understand that Indiana Ministries will make every effort to contact Participant's parent and/or guardian (if Participant is under 18 years of age) in the event of a medical emergency. Nevertheless, I hereby give permission and authorize Indiana Ministries of the Church of God, Inc. staff, volunteers, or agents to provide, facilitate, and consent to the provision of any first aid, doctor's care, hospitalization, surgery, transportation to medical facility, and/or any other form of medical care or treatment that they deem necessary because of illness, injury, or other health problems that Participant may suffer while participating in DISCOVER or its associated activities. I agree to be financially responsible for any medical bills incurred because of medical treatment for Participant. I agree to release and hold harmless Indiana Ministries of the Church of God, Inc. and its employees, volunteers, directors, officers, other agents, and any agencies it works in conjunction with, from any claims, liabilities, actions, demands, or losses for or from bodily injury, property damage, wrongful death, or otherwise, which may arise from provision or omission of any type of medical care or transportation to or from a treatment facility by those chosen by Indiana Ministries of the Church of God, Inc. to administer medical care for and/or transport Participant, and which may arise by any cause, including through the negligence or carelessness of Indiana Ministries of the Church of God, Inc., its agents, or any agencies working in conjunction with them. I understand that all reasonable safety precautions will be taken always by Indiana Ministries and its representatives during the events and activities.
6. **Authorization to use picture, name, voice, and likeness.** I grant to Indiana Ministries of the Church of God, Inc. and to its successors, licensees, and assigns, the irrevocable right (but not obligation) to use Participant's name, likeness, voice, photograph, and/or video image in program materials, promotional materials, highlight video, and other works, including but not limited to news releases, publications, film or video programs, radio or TV announcements, Internet display, and for any other use by Indiana Ministries of the Church of God, Inc. in its sole discretion.
7. **Indemnity.** I agree to accept sole responsibility and liability for any injury or damage to a third party resulting from my acts or omissions. In the event my actions result in a lawsuit or claim, I agree to hold Indiana Ministries and its volunteers, employees, officials, directors and agents harmless. I also agree to indemnify Indiana Ministries, its volunteers, employees, officials, directors, and agents in the full amount of any judgment or settlement obtained and/or any expense incurred (including attorney fees) as a result of my actions.
8. **Severability.** If any term or provision of this Agreement is found to be unenforceable, the remaining terms and provisions shall remain in full force and effect.

BY SIGNING I ACKNOWLEDGE THAT I HAVE READ AND AGREE TO THE ABOVE RELEASE/WAIVER OF LIABILITY:

Participant's Printed Name

Participant's Signature

Date

IF PARTICIPANT IS UNDER 18:

Printed Name of Father/Guardian

Signature of Father/Guardian

Date

Printed Name of Mother/Guardian

Signature of Mother/Guardian

Date