

The Meeting Place Church Waiver of Liability Form

I understand that by signing this document I do hereby forever waive any and all claims of any type and of any nature (including claims for any negligent acts) against The General Council of The Assemblies of God and The Meeting Place Church, Inc. and release The General Council of The Assemblies of God and The Meeting Place Church from any and all claims of any type or nature (including claims for any negligent acts) arising from my voluntary agreement to participate as a volunteer on a mission trip and/or event sponsored by The Meeting Place Church. I understand that by signing this document I assume full and complete responsibility for any accidents, injuries, illnesses or other conditions, which may occur en route, during, or as a consequence of my voluntary participation in mission work and/or event through The Meeting Place Church.

I further understand that under no circumstances shall I be considered an employee, agent, officer or director of The Meeting Place Church for purposes of this mission trip and/or event. The Meeting Place Church, its officers, directors or employees concerning my personal safety, health conditions or any other aspects of this mission trip and/or event, have made no representations of any type or nature to me.

I fully understand that my participation in this mission trip and/or event may result in illness, accident or injury occurring as a result of my participation. I have been afforded every opportunity to conduct my own complete and thorough investigation of the conditions surrounding this mission trip and/or event and do willingly participate in this mission trip and/or event of my own free will and choice.

I am specifically aware certain hazards and risks to my person and property may be associated with serving in a mission capacity and/or participating in this event. I understand such hazards and risk may include, but are not limited to, death or injury by accident, disease, war, terrorist acts or weather conditions, criminal activity, random acts of violence or negligence.

I am fully aware of these risks and voluntarily assume them and hereby release in full any and all claims of any type or any nature against The Meeting Place Church, its officers, directors, agents and employees.

I hereby represent I am aware of no medical conditions of any type or nature that would prevent me from participating in this mission trip and/or event and I have been afforded the opportunity, at my sole expense, to be examined by any physician of my selection for purposes of verifying my physical condition.

I have also been advised that I have the right to have an attorney of my selection, at my sole expense, review this waiver and release prior to signing this document and have either done so to my

own satisfaction as evidenced by my/our signature hereon, or by signing this document have waived my right to have this matter reviewed by an attorney of my selection and at my expense.

I expressly waive any defense to the enforcement of any provision of this contractual agreement arising from any claim of lack of consideration and understand this document constitutes a legal, valid and binding waiver of my rights and shall be enforceable against me, my family or my estate for any and all purposes whatsoever.

I understand I am not being covered under any policy or policies of insurance issued to The Meeting Place Church or its agents, officers, directors and employees which would provide me any type of coverage for my participation in this mission trip and/or event other than that coverage which may have been expressly provided to me in writing.

I hereby affirm and attest that no oral representations, promises or statements have been made in any respect effecting my participation in this mission trip and/or event or any of the terms or conditions of this waiver and release other than as expressly written herein.

I also understand for all purposes this agreement shall be construed under the laws of the State of Ohio.

I hereby further state I have carefully read all of the terms and conditions set forth in this waiver and release of all claims, that I fully and completely understand all information set forth herein and I voluntarily sign this waiver and release as my own free act understanding fully this is a legally binding document.

Trip/Event Information

Trip/Event Name: College Internship

Trip/Event Date(s):

Participant Information

Name: _____ Signature _____

Birthdate: _____

Permission to Use Photographs

I understand that from time to time, The Meeting Place Church, Inc. would like to use photographs and videos from church events, activities, and mission trips for use on their web page and other promotional materials. I grant permission to The Meeting Place Church, Inc., 2636 E 115th St, Cleveland, Ohio 44104 to use photographic and video graphic images of me and my family members for the web page, videos, and other promotional material. I grant this permission for an indefinite period of time.

Signature _____ Date: _____