

Living Streams Hold Harmless Agreement

Name (please print legibly) _____

I want to participate in a trip, event, or ongoing event organized and run by LIVING STREAMS CHRISTIAN CHURCH (hereafter, "Living Streams," which includes all its employees, volunteers, agents, representatives, and officers, and all affiliates), or I am a parent whose child wants to participate in the trip, event, or ongoing event. As used herein, "the Event" includes without limitation all events occurring while en route to or in the final destination of the trip, event, or ongoing event. I understand that Living Streams does not want to be sued nor risk liability for personal injury, wrongful death or property damage arising from or related to participation in the Event. To obtain the privilege of participating in the Event, I agree on behalf of myself and, if applicable, my child, to the following:

Risk of injury: Participating in the Event involves risks of injury. For example, and without limitation, I understand these risks include: environmental conditions, building or equipment failure, lack of building codes, construction work or clean up, acts of God, criminal activity, contaminated food or water, disease, lack of supervision, the negligence of physical limitations of myself, my child, and others, or Living Streams' negligence. I understand that the foregoing dangers create a risk for me (or my child) of personal injury, death, or damage to personal property ("Injury"). I freely assume these risks. **Initials** _____

Release and Indemnity: I forever RELEASE Living Streams from any and all liabilities and claims for any Injury arising out of or related to the Event, including but not limited to any Injury caused by Living Streams' negligence. I will not, on behalf of myself or anyone else, sue or make a claim against Living Streams for any Injury, even if the Injury is caused by Living Streams' negligence. I will indemnify and hold Living Streams harmless from all damages, claims, and liability, including without limitation attorneys' fees and costs, related to any Injury or breach of this agreement by myself or others. This indemnity and Hold Harmless Agreement includes injury caused by Living Streams' negligence. **Initials:** _____

Choice of Law and Venue. I agree that any litigation related to or arising from the Event shall be brought only in Maricopa County, Arizona, and that Arizona law shall apply in all respects. **Initials:** _____

Authorization and Insurance. If I need (or my child needs) medical care, including surgery, while with Living Streams, I authorize and appoint Living Streams and its duly authorized agents to secure any and all available medical attention, including surgery, and specifically authorize them to sign on my behalf any and all permission forms, release forms, etc. I understand that United States auto and health insurance are not valid in other countries, and I have obtained international auto and health insurance for this event (or I have knowingly declined to purchase one or both). **Initials:** _____

Knowing and Voluntary: No one is forcing or requiring me (or my child) to participate in the Event or to sign this agreement. I have been given the opportunity to ask questions and have my questions answered. I sign this agreement of my own free will and I fully understand its contents. This agreement applies to each participation in an Event, including the upcoming and all future Events, is binding on me, my child (if applicable) and our heirs and estates, and will not be modified or revoked except by an express writing signed by Living Streams and me. **Initials** _____

By signing below, I agree to all of the terms and conditions on the reverse side.

Participant Name _____

Trip/Event Title _____

Departure Date (If applicable) _____/_____/_____

Signature of Participant, or Parent/Guardian if Participant is a minor

Print Name _____

Street Address _____

City, State, Zip _____

Notary

Notary Public _____

Return Date (If applicable) _____/_____/_____

Date of Birth _____/_____/_____

Primary Phone Number _____

Secondary Phone Number is required: _____

Date _____

Commission expiration _____