

## **The Bricks Waiver and Release Form – Climbing Wall & Facility**

### **COVENANT RELEASE, HOLD HARMLESS, INDEMNITY AND NOT TO SUE,**

In consideration for my child being permitted to participate at the Bricks and the Bricks Climbing Wall, to be held on the premises of Perimeter Church, as parent(s)/ guardian(s) of \_\_\_\_\_, and by my signature below, I hereby, for myself, my child, my heirs and assigns, release and forever discharge Perimeter Church and the Bricks and their ministers, staff, volunteers, agents and employees of and from any and all claims, demands, damages, causes of action or judgments arising out of or related to my child's participation in the Bricks or Perimeter Church activities events organized, sponsored, or conducted by the Bricks or Perimeter Church. I understand this may include, but is not limited to, attorney's fees, litigation expenses, mediation, arbitration costs and other out-of-pocket expenses.

I further understand that this covenant to release, hold harmless, indemnity, and not to sue agreement will continue beyond the date my/our child or I/we withdraw membership at the Bricks.

### **PERMISSION TO USE PHOTOGRAPHS, VIDEO, AND OTHER MEDIA**

I hereby irrevocably authorize the Bricks and Perimeter Church to use and publish photographs, pictures, portraits, video my child and likeness from their participation in the Bricks of Perimeter Church activities herein described in any and all forms and media and in all manners including composite images or altered representations for the purpose of publicity, illustration, art, advertising, publishing, or any product or service determined by the Bricks or Perimeter Church.

I and my child shall have no right of approval, no claim to any compensation, and no claim arising out of the use, alteration, or illusionary effect.

### **MEDICAL AUTHORIZATION**

If my child is injured while on the premises of Perimeter Church, I understand that the staff will attempt to reach me at my/our home or on the cell phone number given on my child's application form. If Perimeter Church or the Bricks cannot locate me, I hereby authorize and give written permission for Perimeter Church or the Bricks to take immediate emergency action to have all necessary medical attention to my child. This could include ambulance, hospital, physician or prescription drug services. I hereby authorize Perimeter Church or the Bricks to incur all necessary expenses for such medical attention and I agree to reimburse Perimeter Church or the Bricks for any such expense. I will advance and pay the monies myself and then make whatever claim I wish against my Insurance carrier. If there is any doubt whether or not to pursue medical attention, I direct Perimeter Church and the Bricks to seek medical attention.

This legal document is intended to provide the maximum protection for the Perimeter Church and the Bricks and is to be interpreted liberally according to the laws of the state of Georgia.

I HAVE READ THIS RELEASE AND WAIVER FORM, UNDERSTAND THAT I HAVE GIVEN UP CERTAIN RIGHTS BY SIGNING IT AND HAVE SIGNED IT FREELY, WITHOUT ANY INDUCEMENT OR ASSURANCES OF ANY NATURE AND INTEND IT TO BE AN UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY THE LAWS OF THE STATE OF GEORGIA.

This \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Printed Name of Minor Child

\_\_\_\_\_  
Printed Name of Parent/Legal Guardian

\_\_\_\_\_  
Parent Phone Number

\_\_\_\_\_  
Signature of Parent/Legal Guardian