SLEEP OUT SATURDAY

at

Sts. Joachim and Ann Care Service

I, _____ HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING IN ANY/ ALL ACTIVITIES ASSOCIATED WITH STS. JOACHIM AND ANN CARE SERVICE'S **SLEEP OUT SATURDAY** EVENT.

I certify that I am physically fit, have sufficiently prepared for this activity, and have not been advised not to participate by a qualified medical professional. I certify that there are no health-related reasons or problems which preclude my participation in this activity.

In consideration of my application and permitting me to participate in this activity, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:

(A) I WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me including my traveling to and from this activity, THE FOLLOWING ENTITIES OR PERSONS: STS. JOACHIM AND ANN CARE SERVICE and/or their directors, employees, volunteers, and sponsors;

(B) INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in this activity, whether caused by the negligence of release or otherwise.

I acknowledge that STS. JOACHIM AND ANN CARE SERVICE and their directors, employees, volunteers, and representatives are NOT responsible for the errors, omissions, acts, or failures to act of any party or entity conducting a specific activity on their behalf.

I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident, and/or illness during this activity.

I understand while participating in this activity, I may be photographed. I agree to allow my photo, video, or film likeness to be used for any legitimate purpose by the activity holders, producers, sponsors, organizers, and assigns.

The Accident Waiver and Release of Liability Form shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I CERTIFY THAT I HAVE READ THIS DOCUMENT AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.

_____	_____	_____	_____
Participant's Signature	Date	Participant's Name (Please print legibly.)	Age

_____	_____
Parent/Guardian Signature	Date

(If under 18 years old, Parent or Guardian must also sign.)