

## **Release and Waiver of Liability – I AM Woodland Acres Mural Project (Adult)**

This Release and Waiver of Liability (the “Release”) is executed on this \_\_\_\_\_ day of \_\_\_\_\_, 2019 by \_\_\_\_\_ (“Participant”) in favor of George Davis Ministries, Inc., a Florida non-profit corporation, Impact Church of Jacksonville, Inc., a Florida non-profit corporation, the City of Jacksonville, The Arts Corner, and Revitalize Arlington, Inc., a Florida non-profit corporation, their respective trustees, directors, officers, employees, and agents (collectively, “Facilitators”).

The Participant desires to be involved in the Service event (“Event”) and engage in the activities related to that event (“Activities”). The Participant understands that the Activities may include indoor and outdoor summer activities.

The Participant freely, voluntarily, and without duress executes this Release and agrees to the following terms:

**RELEASE AND WAIVER.** Participant does hereby release and forever discharge and hold harmless the Facilitators from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise now or in the future from Participant’s participation in the Event and/or its Activities.

Participant understands that this Release discharges Facilitators from any liability or claim that the Participant may have against Facilitators with respect to any bodily injury, personal injury, illness, death, or property damage that may result from Participant’s Activities, whether caused by the negligence of Facilitators or its trustees, directors, officers employees, or agents or otherwise. Participant also understands that Facilitators do not assume any responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health, or disability insurance in the event of injury or illness.

**MEDICAL TREATMENT.** Participant hereby authorizes Facilitators to obtain and consents to necessary medical care of the Participant for injury, illness, and/or distress arising during the Event. Participant releases and forever discharges Facilitators from any claim whatsoever which arises or may hereafter arise from any first aid, treatment, or service rendered in connection with the Participant’s Activities or with the decision by any representative or agent of Facilitators to exercise the power to consent to medical treatment of the Participant.

**ASSUMPTION OF THE RISK.** The Participant understands that the Activities include work that may be physically strenuous.

Participant hereby expressly and specifically assumes the risk of injury or harm in the Activities and releases Facilitators from all liability for injury, illness, death, or property damage resulting from the Activities.

**INSURANCE.** The Participant understands that, except as otherwise agreed to by the Facilitators in writing, Facilitators do not carry or maintain health, medical, or disability

insurance coverage for any Participant. Each Participant is expected and encouraged to obtain his or her own medical or health insurance coverage.

RECORDING RELEASE. Participant does hereby grant and convey to Facilitators all right, title, and interest in any and all photographic images and video or audio recordings made by Facilitators during the Participant's Activities, including, but not limited to, any royalties, proceeds, or other benefits derived from such images and/or recordings.

APPLICABLE LAWS. Participant expressly agrees that this Release will be governed by and interpreted in accordance with the laws of the State of Florida, and is intended to be as broad and inclusive as permitted by those laws. Participant agrees that in the event that any clause or provision of this Release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release which shall continue to be enforceable.

In witness whereof, Participant has executed this Release as of the day and year first above written.

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Participant: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

**In case of emergency:**

\_\_\_\_\_  
Emergency Contact Name

\_\_\_\_\_  
Emergency Contact Phone No.

\_\_\_\_\_  
Relationship