

ASSUMPTION OF RISK AND WAIVER OF LIABILITY

Note: We ask all participants in activities organized by or through The Dream Center, Dream Center Discipleship, Lord's Gym, and/or Angelus Temple to assume all risks associated with their participation as a condition of participation.

I, _____ (full name of participant), in consideration of permission to participate in activities organized by or through The Dream Center, Dream Center Discipleship, Lord's Gym, and/or Angelus Temple, located at 2301 Bellevue Avenue, Los Angeles, California 90026 and 1100 Glendale Boulevard, Los Angeles, California 90026, represent and agree that:

1. I am a voluntary participant in activities organized by or through The Dream Center, Dream Center Discipleship, Lord's Gym, and/or Angelus Temple. I am not an employee of The Dream Center, Dream Center Discipleship, Lord's Gym, or Angelus Temple.

2. I am aware of the hazards and risks to my person and property associated with participation in the activities organized by or through The Dream Center, Dream Center Discipleship, Lord's Gym, and/or Angelus Temple in which I am choosing to participate. I understand that such hazards and risks include, but are not limited to, death or injury by accident, disease, war, terrorist acts, weather conditions, inadequate medical services and supplies, criminal activity, and random acts of violence, and damage to or loss of my personal property.

3. I understand that The Dream Center, Dream Center Discipleship, Lord's Gym, and Angelus Temple may not have may insurance coverage that would apply in the event of my death, illness, or injury, or damage to or loss of my property, that may occur during my participation in any activities. I further understand that if I desire insurance coverage I am responsible for obtaining such insurance at my own cost.

4. I choose to participate in activities organized by or through The Dream Center, Dream Center Discipleship, Lord's Gym and/or Angelus Temple with full awareness of the risks thereof. I voluntarily assume all risks of death, injury, and illness, and damage to or loss of my property, that may arise out of my participation in any such activities.

5. I hereby release The Dream Center, Dream Center Discipleship, Lord's Gym, Angelus Temple, and their respective affiliates, agents, officers, directors, and employees from any and all liability, claims, causes of action, damages, judgments, and costs or expenses, including attorney's fees and costs, which may in any way arise as a result of my participation in activities organized by or through The Dream Center, Dream Center Discipleship, Lord's Gym and/or Angelus Temple, whether caused by the fault of myself, The Dream Center, Dream Center Discipleship, Lord's Gym, Angelus Temple, or third parties.

6. I further agree to indemnify, defend and hold harmless The Dream Center, Dream Center Discipleship, Lord's Gym, Angelus Temple, and their respective affiliates, agents, officers, directors, and employees, from and against any and all liability, claims, causes of action, damages, judgments, and costs or expenses, including attorney's fees and costs, which may in any way arise as a result of my acts or omissions during the course of the above-mentioned activities.

7. I attest and certify that I have no medical conditions that would prevent me from safely participating in any activities. I understand that it is my responsibility to inform The Dream Center, Dream Center Discipleship, Lord's Gym, or Angelus Temple of any health or medical conditions or other considerations that should limit my participation in any activities.

8. I agree that the provisions of this agreement shall be binding upon me, and upon my heirs, successors, assigns, and legal representatives.

9. I expressly waive any defense to the enforcement of any provision of this agreement arising from a claim of lack of consideration and warrant that this agreement constitutes a legal, valid, and binding obligation upon me enforceable against me and my heirs, successors, assigns, and legal representatives, in accordance with its terms.

10. I expressly agree that the assumption of risk and waiver and release of liability contained herein are intended to be as broad and inclusive as permitted under the laws of the State of California. If any portion hereof is found invalid, the remainder of this agreement shall continue in full force and effect.

I HAVE CAREFULLY READ THE FOREGOING ASSUMPTION OF RISK AND WAIVER OF LIABILITY AND UNDERSTAND ITS CONTENTS. I VOLUNTARILY SIGN THIS AGREEMENT AS MY OWN FREE ACT. THIS IS A LEGAL DOCUMENT AND I UNDERSTAND THAT I HAVE THE OPPORTUNITY TO ASK QUESTIONS AND CONSULT WITH AN ATTORNEY BEFORE SIGNING IT.

Participant's Full Name: _____

Participant's Signature: _____

Date: _____

Address: _____

City: _____ State: _____ Zip: _____

IMPORTANT: When possible, two witnesses should observe the participant's signature and sign below. The witnesses must be at least 18 years old, and should not be relatives of the participant.

Witness Name: _____

Witness Signature: _____

Address: _____

City: _____

State & Zip: _____

Witness Name: _____

Witness Signature: _____

Address: _____

City: _____

State & Zip: _____

MEDICAL INFORMATION

Note: A copy of this form should be completed for each adult and minor participant.

NAME _____ DATE OF BIRTH: _____

PERSON TO NOTIFY, In case of Emergency:

NAME: _____

RELATIONSHIP: _____

ADDRESS: _____

TELEPHONE (WORK) _____ (HOME) _____

MEDICAL CONDITIONS _____

MEDICATION CURRENTLY TAKING _____

ANY KNOWN ALLERGIES _____

BLOOD TYPE, if known _____

PHYSICIAN'S NAME _____

ADDRESS _____

TELEPHONE _____

MEDICAL INSURANCE _____

INSURANCE # _____

PARENTAL CERTIFICATION, CONSENT AND RELEASE
(MINOR PARTICIPATION)

I, _____ (parent/guardian name) am the parent or legal guardian of (print minor's name) _____, who was born on _____ (MM/DD/YYYY). I warrant that I possess all the rights, powers and privileges of a parent or legal guardian necessary to execute this legal instrument with binding legal effect.

As a parent or legal guardian of (print minor's name) _____, I certify and affirm that I have been completely and thoroughly informed that as youth participating in activities organized by or through The Dream Center, Angelus Temple, Dream Center Discipleship, Lord's Gym, and/or any of their respective affiliates, my child may participate in certain activities which carry with them a degree of risk and danger.

Examples of the risky and dangerous activities in which my child may participate include, but are not limited to:

- | | |
|---|--|
| 1. Physical activities, both indoors and outdoors | 5. Travel by automobile and/or bus |
| 2. Sports, both informal and organized | 6. Activities around water, including swimming/boating |
| 3. Use of recreational equipment | 7. Hiking and camping |
| 4. Field trips, both on and off campus | 8. Construction and maintenance projects |

I acknowledge and understand that The Dream Center, Angelus Temple, Dream Center Discipleship, Lord's Gym, and/or any of their respective affiliates may offer other activities. I acknowledge and understand that this PARENTAL CERTIFICATION, CONSENT AND RELEASE has the same force and effect regardless of whether the activities engaged in are free or if a fee is charged.

Further, I personally assume, on my child's behalf, all risk in connection with said activities for any harm, injury or damages that may befall my child as a result of my child's participation in the activities, whether foreseen or unforeseen, and I still wish to allow my child to proceed with the activities.

I acknowledge and agree that The Dream Center, Angelus Temple, Dream Center Discipleship, Lord's Gym, and their respective affiliates, agents, officers, directors, and employees shall not be held liable in any way for any occurrence resulting directly or indirectly from these activities that results in injury, death, or any other damages to my child, me or our family, or my child's heirs or assigns. In consideration of my child being allowed to participate in these activities, on behalf of my child, I hereby personally assume all risk in connection with said activities for any harm, injury, or damage that may befall my child, me, or my family while my child is engaged in such activities.

I understand that the terms herein are contractual and not mere recital; I have signed this document as my own free act. It is my intention by signing this document to exempt and release The Dream Center, Angelus Temple, Dream Center Discipleship, Lord's Gym, and their respective affiliates, agents, officers, directors, and employees from all liability whatsoever for personal injury, property damage or wrongful death caused by negligence.

I further acknowledge and agree that my signature on this PARENTAL CERTIFICATION, CONSENT AND RELEASE shall constitute a bar to any recovery by my child, me, my family, and my child's heirs or assigns in all suits and actions that may be instituted against The Dream Center, Angelus Temple, Dream Center Discipleship, Lord's Gym, or any of their respective affiliates, agents, officers, directors or employees. I expressly agree that the assumption of risk and waiver and release of liability contained herein are intended to be as broad and inclusive as permitted under the laws of the State of California. I agree that to the extent that any portion of this PARENTAL CERTIFICATION, CONSENT AND

RELEASE may be found invalid or unenforceable under applicable law, the remaining provisions hereof shall continue in full force and effect.

I understand that it is my obligation to inform the management of The Dream Center, Angelus Temple, Dream Center Discipleship, and Lord's Gym of any and all medical conditions or other considerations that should restrict my child's participation in any and all activities involving The Dream Center, Angelus Temple, Dream Center Discipleship, Lord's Gym, or any of their respective affiliates or programs.

I have fully informed myself of the contents of this PARENTAL CERTIFICATION, CONSENT AND RELEASE by reading it before I signed it. I understand that this document covers all activities and events organized by or through The Dream Center, Angelus Temple, Dream Center Discipleship, Lord's Gym, and their respective affiliates, in which my child may participate.

Dated: _____

(Signature of Parent or Guardian)

(Type or Print Parent or Guardian's Full Name)

CONSENT FOR MEDICAL TREATMENT OF MINOR

I, _____ (full name of parent or legal guardian) am the parent or legal guardian of _____ (minor's full name), who was born on _____ (MM/DD/YYYY).

I warrant that I possess all the rights, powers and privileges of a parent or legal guardian necessary to execute this document with binding legal effect.

I hereby authorize and give my permission for The Dream Center, Angelus Temple, Dream Center Discipleship, Lord's Gym, and their respective agents, officers, directors, and employees, to seek medical care for my above-named minor child or ward in the event that they deem such care to be necessary.

I consent to the examination of my above-named child or ward by a physician duly licensed to practice medicine in the State of California or any other health care professional duly licensed to provide health care services in the State of California as deemed necessary by The Dream Center, Angelus Temple, Dream Center Discipleship, Lord's Gym, or their respective agents, officers, directors, or employees.

I further consent to a physician or health care professional's providing any and all medical care to my minor child or ward that such physician or health care professional deems, in his or her professional opinion, to be necessary.

I understand and acknowledge that my permission and consent is sufficient for this purpose. I affirm that no permission or consent from any other person is required by law.

I agree to be financially responsible for any and all medical expenses or other costs incurred as a result of any services rendered to my above-named child or ward under this Consent for Medical Treatment of Minor. I shall indemnify, defend, and hold harmless The Dream Center, Angelus Temple, Dream Center Discipleship, Lord's Gym, and their respective agents, officers, directors, and employees, from and against any and all liability, claims, causes of action, damages, judgments, and costs or expenses, including attorney's fees and costs, arising out of any medical care or treatment provided to my child or ward.

I understand that it is my obligation to inform the management of The Dream Center, Angelus Temple, Dream Center Discipleship, and Lord's Gym of any and all health considerations or medical conditions that should restrict my child or ward's participation in any and all activities involving The Dream Center, Angelus Temple, Dream Center Discipleship, Lord's Gym, or any of their affiliates.

Note: Should the need for medical attention for a minor arise, The Dream Center, Angelus Temple, Dream Center Discipleship, Lord's Gym and their affiliates will attempt to contact parents/guardians as soon as practicable under the circumstances.

Please list all health issues (allergies, medications, etc.) that we should be aware of:

I give permission for employees and agents of The Dream Center, Angelus Temple, Dream Center Discipleship, Lord's Gym, and their affiliates to administer the following medications to my child as needed and certify that, to the best of my knowledge, my child is not allergic to the medication:

Medication:

Notification:

Tylenol (500 mg, 2 tabs every 6 hours for pain)

Notify me: Before After No

Notification Necessary

Pepto Bismol (2 tablespoons every 4 hours for nausea)

Notify me: Before After No

Notification Necessary

Ibuprofen (200 mg, 2 tabs every 6 hours for pain)

Notify me: Before After No

Notification Necessary

Neosporin (Apply cream to affected area)

Notify me: Before After No

Notification Necessary

Chloraseptic (Spray every 2 hours for sore throat)

Notify me: Before After No

Notification Necessary

Dated: _____ 20 _____

Signature of Parent or Guardian

Print Parent or Guardian Full Name

Permission to Use Photographs and/or Video and/or Personal Testimonial(s)

I, _____ (print full name), hereby authorize The Dream Center and its employees and agents (collectively, "DC") to take and archive photographs and videos of me and my minor children and legal wards. I also authorize DC to take and archive one or more written, verbal, or video testimonials (personal stories) from me and my minor children and legal wards. Said photographs, videos, and testimonials shall be referred to herein as "media materials."

I grant DC, and its assigns and transferees, the irrevocable and unrestricted right to copyright, use, and publish the media materials in any manner or in any medium, including in print and/or electronically. I agree that DC and its assigns and transferees may use the media materials, with or without my name or the names of my minor children or legal wards, for any lawful purpose, including, for example, such purposes as publicity, illustration, marketing, and web content.

I hereby release DC, and its assigns, transferees, and legal representatives, from any and all claims and liability relating to the creation, archival, or use of the media materials. I also waive any right I or my minor children or legal wards may have to any compensation related to the media materials.

I certify that I have read and understand all of the above.

Signature _____ Date _____

Printed Name _____

Address _____

Email _____

If this agreement applies to any minor children or legal wards, please list their names and ages here:

Name of Minor or Legal Ward	Age