

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 Name: _____

Witness Signature: _____

Witness Signature: _____

Address: _____

Address: _____

City: _____

City: _____

State & Zip: _____

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 # _____

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