



# THE GATE

A CHURCH | A MINISTRY CENTER | A MOVEMENT

## WAIVER OF LIABILITY NOTICE

**Read carefully before signing; you give up certain rights by signing this document. PRINT ALL INFO**

I, \_\_\_\_\_  
PRINT FIRST AND LAST NAME of Parent or Guardian

of \_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

attending on \_\_\_\_\_, 20\_\_\_\_\_

email \_\_\_\_\_

I understand that all activities that are part of an event or retreat for The Gate Church may involve some risk of injury or death from various hazards, both obvious and obscure, including but not limited to, injury by acts of other group participants, falling, being struck by falling objects, equipment failure and other risks or occurrences not set forth in this agreement.

By signing this document I accept and assume responsibility for each person listed on this form for any and all such risks-whether or not specifically itemized herein, and I acknowledge that The Gate Church, its employees, associates, corporate officers, board members, property owners, family of the same and any organization that The Gate Church represents or contracts with shall be held harmless and blameless in the event of such an aforementioned mishap. I know and am prepared for the aforementioned risks and will not look to any entity or individual nor hold them responsible for the well-being or the protection from such risks of anyone named on this form, whether or not those risks are known or unknown by those organizations or individuals. In consideration of participating in any and all activities with The Gate Church, I — on my behalf and on behalf of my heirs, assigns, and representatives — do hereby irrevocably release The Gate Church, its employees, associates, corporate officers, board members, property owners, family of the same and any organization that The Gate Church represents or contracts with, their successors and assigns from any and all claims which involve any nature of injury or death or damage to persons or property that may occur as a result of attendance or participation in such aforementioned activities by anyone listed on this form.

**PRIVACY:** I understand that my information will be used solely by The Gate Church to mail or email information about summer events and that my information will not be given to a third party.

**PHOTOS, VIDEOS, ETC:** By signing this I give permission to The Gate Church, and photographers or videographers assigned by The Gate Church to use any photos or video footage which includes myself or other family members listed on this form for online or promotional purposes. I also give permission to use any written quotes for promotional purposes.

\_\_\_\_\_  
SIGNATURE of FIRST & LAST NAME of Parent or Guardian

**LIST FAMILY MEMBERS who are attending and are AGE 18 OR OLDER**

\_\_\_\_\_  
Print ADULT Attendee: FIRST & LAST NAME

\_\_\_\_\_  
Print ADULT Attendee: FIRST & LAST NAME

\_\_\_\_\_  
Print ADULT Attendee: FIRST & LAST NAME

**LIST FAMILY MEMBERS attending who are UNDER THE AGE OF 18 and who the signed person (parent or guardian) is taking full responsibility - even if the parent or guardian will not be in attendance at the event.**

\_\_\_\_\_  
Print Child Attendee: FIRST & LAST NAME and AGE

\_\_\_\_\_  
Print Child Attendee: FIRST & LAST NAME and AGE

\_\_\_\_\_  
Print Child Attendee: FIRST & LAST NAME and AGE

\_\_\_\_\_  
Print Child Attendee: FIRST & LAST NAME and AGE

\_\_\_\_\_  
Print Child Attendee: FIRST & LAST NAME and AGE