



Hope of Glory Family Church, Inc.

Medical Release & Liability Standard Release – Due January 17th

I give permission for my child, _____ to participate in activities organized and conducted by the directors and Board of Eagles Wings Studio taking place January 1 through June 30 of 2018 (“time period”) at the venue leased by Hope of Glory Family Church, Inc. (HOPEChurch) and owned by Plantation South Construction Co. and Plantation Carolina L.L.P. I am aware that my child’s participation in the activities organized and conducted by the Board of Eagles Wings Studio may result in risks, which, among other things, include but are not limited to various physical injuries and I freely assume on my own, my family’s, and on my child’s behalf all risks incidental to such participation. In consideration of the participation of my child in these activities mentioned above during the stated time period above on my child’s behalf, I hereby waive all claims against, release, covenant not to sue, and forever discharge Eagles Wings Studio, Hope of Glory Family Church, Inc., and Plantation South Construction Co. and Plantation Carolina L.L.P. and the Studio, Church, and Construction Co, affiliates, subsidiaries, successors, assigns, agents, contractors, successors, and assigns (the “Released Parties”) of and from all liabilities, claims, actions, damages, costs and expenses of any nature arising out of, related to, or in any way connected with, our attendance during this time period, the participation of myself, my child, and my family during this time period and/or any such related and associated activities of any kind whatsoever, and further agree to indemnify and hold each of the Released Parties harmless from and against any and all such liabilities, claims, actions, damages, costs and expenses including by way of example, but not limited to, all attorneys’ fees, costs of court, and the costs and expenses of other professionals and disbursements up through and including any appeal arising out of, related to, or in any way connected with my family’s attendance during this time period or the participation of my child during this time period. I recognize that the time period stated is retroactive.

Participant’s signature _____

Parent’s name _____

Printed

Parent’s signature _____ Date _____

Seale