

# Event Release Form

NAME OF EVENT \_\_\_\_\_ PARTICIPANT NAME \_\_\_\_\_ AGE \_\_\_\_\_  
PHONE NUMBER \_\_\_\_\_ HOME ADDRESS \_\_\_\_\_  
EMAIL ADDRESS \_\_\_\_\_ MEDICAL INSURANCE COMPANY \_\_\_\_\_  
POLICY NUMBER \_\_\_\_\_ DOCTORS NAME \_\_\_\_\_ DOCTORS PHONE \_\_\_\_\_

## INTRODUCTION

By signing below, I am agreeing to release the Urban Bridges / D.B.A Envision Cleveland (UB/EC) and other parties from liability. I am also granting permission to UB/EC to seek and obtain medical care in the event of my illness or injury. I have therefore been advised to read this document carefully and understand that I have the opportunity to consult with an attorney before signing. I understand that participation in this event is a privilege. I am signing this Release of Liability and Permission Regarding Medical Care form (Release) in consideration for that privilege. I acknowledge that my participation in this event may involve risks of physical injury, illness, or death, including risks of which I may not presently be aware, and I hereby agree to assume such risks.

## RELEASE AND INDEMNIFICATION

I hereby agree to release and hold harmless UB/EC, members of its board of directors, and its officers, employees, members, volunteers, and agents and sponsoring church (collectively, the "Released Parties") from, and to discharge and waive, any and all claims, demands, losses, damages and liabilities described therein, whether known or unknown, foreseen or unforeseen, future or contingent, except claims, demands, losses, damages and liabilities arising out of the sole and exclusive gross negligence or willful misconduct of one or more of the Released Parties. I further covenant not to sue any of the Released Parties in connection with any of the claims, demands, losses, damages or liabilities described above. I further agree to indemnify, save and hold harmless the Released Parties from any and all claims, demands, losses, damages or liabilities for indemnities, contribution or otherwise with respect to any and all property damage, personal injury and/or death arising from my participation in UB/EC, as may be asserted by a third party (defined as any party other than the Released Parties or me), except to the extent such a claim might be based upon the sole and exclusive gross negligence or willful misconduct of one or more of the Released Parties.

## AUTHORIZATION OF MEDICAL CARE

I attest and certify that I have no known medical conditions that would prevent me from participating. I understand and acknowledge that UB/EC, together with the sponsoring church, provides foreign trip insurance coverage as a part of the cost of the trip. I understand and acknowledge that the provided coverage is not intended to take the place of a personal or group health insurance plan and may not specifically apply in every event of my illness, injury, death, or damage to my property that may occur during participation on this trip. I hereby certify that I am covered by a personal or group insurance plan, which I will carry on my person or with my team leader for the duration of the trip, to have in case of hospitalization and medical expenses beyond the coverage provided by the foreign trip insurance coverage noted above. In case I am in need of any necessary medical or surgical treatment to protect my health and welfare while participating in this trip, I authorize and agree to allow any authorized agent or employee of UB/EC to consent to and authorize the administering of such necessary medical and/ or surgical treatment. In case I am in need of any necessary medical or surgical treatment to protect my health and welfare while participating in this trip, I authorize and agree to allow any authorized agent or employee of UB/EC to consent to and authorize the administering of such necessary medical and/ or surgical treatment. 'In the attached Medical and Emergency Contact Form I have provided essential information, including personal health information. I authorize the release of this information when needed for the administration of such necessary medical and/or surgical treatment. I acknowledge and agree that the release of liability, hold harmless, and

indemnification provisions set forth in Section 2 above shall apply to any authorization and consent to medical or surgical treatment on my behalf made by UB/EC or its authorized agents or employees. If I am a minor, I understand that efforts will be made to contact my parent/guardian before these actions are taken.

**MISCELLANEOUS**

I expressly waive any defense to the enforcement of any provision of this Release arising from a claim of lack of consideration. In the event that any provision of this Release is determined to be invalid or unenforceable, the remainder of the provisions shall remain in full force and effect as if this Release had been executed with the invalid provision eliminated. I understand and agree that this Release is intended to be as broad and inclusive as permitted under applicable law. The undertakings and covenants of this Release shall be binding upon me, my family, my heirs, next of kin, legal representatives, beneficiaries, successors, and assigns. This Release shall be interpreted in accordance with the laws of the State of Ohio. The terms of this Release are contractually binding and are not a mere recital. This Release shall be effective and binding upon me. I have read this Release and understand its terms. I further represent that I am at least eighteen (18) years of age and am not a minor in my State of residence or, if I am a minor in such State, that both of my parents or my legal guardian have signed this form in the "Consent" section below, acknowledging this Release and accepting its terms on my behalf.

**PHOTO RELEASE**

I understand that from time to time UB/EC uses participants' photo, video and audio recordings to publicize UB/EC programs. Therefore, I hereby authorize UB/EC to use my likeness in the form of photograph, video, or audio recording, for any and all UB/EC printed or digital publications. I understand and agree that my likeness in the form of photograph, video, or audio recording will become property of UB/EC and will not be returned. I waive any compensation, and irrevocably authorize UB/EC to edit, alter, exhibit, publish and distribute my likeness for such purposes. I waive the right to inspect or approve the final product. I hereby hold harmless and release and forever discharge UB/EC from all claims, demands, and causes of action which I or any other person acting on my behalf have by reason of this release and authorization.

_____	_____	_____
PARTICIPANT'S SIGNATURE	PRINTED NAME	DATE
_____		_____
URBAN BRIDGES/ENVISION CLEVELAND REPRESENTATIVE		DATE

**IF 18 AND UNDER THE BELOW PARENT/LEGAL GUARDIAN MUST SIGN! LEGAL GUARDIAN CONSENT AND ACCEPTANCE OF RELEASE ON BEHALF OF MINOR PARTICIPANT (ONLY IF PARTICIPANT IS A MINOR)**

_____	_____	_____
PARENT/LEGAL GUARDIAN'S SIGNATURE	PRINTED NAME	DATE
_____	_____	_____
PARENT/LEGAL GUARDIAN'S SIGNATURE	PRINTED NAME	DATE

\_\_\_\_\_  
MINOR PARTICIPANT'S DATE OF BIRTH