



Grace Center of Hope, Inc
912 S. College St
Winchester, TN 37398
gracecentertn@gmail.com

Child's Name: _____ Age: _____ Date of Birth: ____/____/____
Address: _____ Grade: _____ Male or Female
City/Zip: _____ Parent's Name: _____
Email: _____
Home Phone: _____ Work Phone: _____
Cell Phone: _____
School: _____

AGREEMENT, WAIVER, AND RELEASE

In consideration for being permitted by the above non-profit to participate in the above activity, I hereby waive, release, and discharge any and all claims for damages for personal injury, death, or property damage which I may have, or which may hereafter accrue to me, as a result of participation in said activity. This release is intended to discharge in advance the above non-profit (its officers, officials, employees, and agents) from any and all liability arising out of, or connected in any way, with my participation in said activity even though that liability may arise out of negligence or carelessness on the part of the persons or entities mentioned above. It is understood that this activity involves an element of risk and danger of accidents and knowing those risks I hereby assume those risks. It is further agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns. I agree to indemnify and to hold the above persons or entities free and harmless from any loss, liability, damage, cost, or expense which they may incur as the result of my death or injury or property damage that I may sustain while participating in said activity.

PARENTAL CONSENT: (To be completed and signed by parent/guardian if applicant is under 18 years of age). I hereby consent that my son/daughter _____ may participate in the above activity, and I hereby execute the above Agreement, Waiver, and Release on his/her behalf. I state that said minor is physically able to participate in said activity. I hereby agree to indemnify and hold the persons and entities mentioned above free and harmless from any loss, liability, damage, cost, or expense which may incur as a result of the death or injury or property

damage that said minor may sustain while participating in said activity.

PHOTO RELEASE: By signing this agreement, you are agreeing to release photo rights to Grace Center of Hope, Inc. Grace Center of Hope, Inc. reserves the right to photograph facilities, activities, and program participants for potential future use. All photos will remain the property of Grace Center of Hope, Inc.

I have carefully read this Agreement, Waiver, and Release and fully understand its content. I am aware that this is a release of liability and a contract between myself and Grace Center of Hope, Inc. and I sign it of my own free will.

Signature: _____ Date: _____

Name (Printed): _____ ☐ Parent ☐ Guardian