

THIS DOCUMENT AFFECTS YOUR LEGAL RIGHTS – READ CAREFULLY BEFORE SIGNING**WAIVER OF LIABILITY AND RELEASE OF CLAIMS**

Recognizing there is a risk of injury or death associated with virtually any type of activity, including those activities that will be conducted at **CROSSOVER 2021** to be held at **Ovesen Heights Baptist Church 1604 Bardstown Road Hodgenville, KY 42748** on **Saturday, November 13, 2021** which will include **Winterization of Homes #2** among its activities, the undersigned, _____ (name of parent or guardian of participant), hereby represent as follows: (*check all that apply*):

- () The participant has no physical, mental, emotional or other conditions or illness that would interfere with his or her ability to participate in any activity or that would endanger his or her health or safety or the health or safety of others.
- () The participant has a physical, mental, emotional or other condition or illness that might endanger his or her health or family members or the health or safety of others if he or she were to participate in the following activities: _____.
- () The participant does not wish to participate in the following activities: _____.

COVID-19 ASSUMPTION OF RISK AND WAIVER

The novel coronavirus COVID-19 has been declared a worldwide pandemic by the World Health Organization. By signing below, I hereby, on behalf of the participant, myself, and our family members:

- acknowledge the specific and unique risk factors associated with COVID-19 including, without limitation, that it is highly contagious (often spread by person-to-person contact), has a relatively lengthy incubation period, and that certain persons may be asymptomatic carriers and/or spreaders of COVID-19;
- voluntarily and knowingly assume the risk that the participant may become exposed to, or infected by, COVID-19 at the Event (and that the participant may then expose others to, or infect others with, COVID-19 at or after the Event) as a result of his or her acts or omissions and/or the acts or omissions of others;
- understand that staff and personnel associated with the Event will follow the best practices as recommended by federal, state, and local health officials with respect to COVID-19 but acknowledge that those precautions may not be sufficient to prevent the spread of COVID-19 at the Event;
- confirm that the participant will fully cooperate with all policies and procedures associated with the Event and pertaining to COVID-19, including, without limitation, related to any symptom(s) that he or she may exhibit and any positive test result;
- knowingly and willingly elect for the participant to participate in the Event, acknowledging that I understand and voluntarily accept, on behalf of the participant, myself, and our family members, any and all associated risks, including, without limitation, for any illness, injury, or death that may result from the participant's attendance at the Event and participation in its events as well as from any negligent or grossly negligent act or omission by any of the Providers (*as defined below*).

CONSENT TO TREATMENT AND RELEASE OF LIABILITY

I fully understand and acknowledge that (a) there are risks associated with the activities to be conducted at the Event; (b) by consenting to and allowing the participant to participate in such activities, I am voluntarily accepting those risks on behalf of the participant and assuming the risk that that his or her participation in such activities may result in injury, death or disability; (c) **these risks may be caused by the negligence or gross negligence of the Providers (defined below)**; and (d) by consenting to and allowing the participant to participate in the Event and its activities, I hereby assume all risks and responsibility for any consequences of such participation, whether caused in whole or in part by the **negligence, gross negligence, or other conduct** by the Providers.

On behalf of the participant, myself, and our family members, I hereby release, waive, discharge, and hold harmless **KENTUCKY BAPTIST CONVENTION, INC., [INCLUDE ADDITIONAL PARTIES]** (together with each of their respective owners,

directors, officers, affiliates, employees, and representatives, the "Providers") of and from any and all claims, actions, losses, liabilities, and damages of any kind arising out of the participant's participation at the Event and each of its activities (including, without limitation, all claims for bodily injury, property damage, and wrongful death), and I acknowledge that I specifically understand that by doing so I am releasing, discharging, and waiving any claims or actions that the participant or I may have presently or in the future for the negligent or grossly negligent acts or other conduct by the Providers.

I HAVE READ THE FOREGOING AND UNDERSTAND THAT IT IS A VOLUNTARY RELEASE OF ALL CLAIMS.

PARTICIPANT NAME

GUARDIAN SIGNATURE

DATE _____

GUARDIAN PRINT NAME

PARTICIPANT'S MEDICAL INFORMATION

Date of Birth: _____ Home Phone: (____) _____

Emergency Contact: Name: _____ Home Phone (____) _____
Address: _____ Work Phone (____) _____

Primary Physician: Name: _____ Phone: (____) _____
Address: _____

Illnesses or conditions for which the participant is currently being treated: _____

Medications the participant is currently taking: _____

Allergies: _____ Date of last tetanus or booster shot: _____

HEALTH INSURANCE:

Name of Company: _____

Policy Number: _____

CONSENT TO TREATMENT

In the event that I am for any reason rendered incapable of making decisions regarding the participant's medical care, I do hereby consent to treatment of the participant, including diagnostic and surgical procedures; by a licensed physician should said physician determine that such treatment is necessary.

GUARDIAN SIGNATURE

DATE