

**Epik Student Ministries
Epicenter Rockwall Waiver**

**RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND
PARENTAL CONSENT AGREEMENT**

I hereby release and discharge the Willmar Assembly of God Church and Epik Student Ministries, its employees, staff members, and appointed student leaders [paid or volunteer] from any claims, responsibilities or liabilities for injuries or harm incurred as a result of my participation and/or my child's participation in Rockwall activities at the Epicenter.

1. I fully understand that: a) these activities involve risks and dangers of serious bodily injury, including permanent disability, paralysis, and death; b) these risks and dangers may be caused by my or my child's own actions or inactions or the actions or inactions of others participating in the activity; c) there may be other risk not known to me or not readily foreseeable at this time; and I FULLY ACCEPT ALL SUCH RISKS AND ALL RESPONSIBILITIES FOR LOSSES, COSTS, AND DAMAGES I or my child incurs as a result of my participation or that of the minor in the activity.
2. I authorize the Willmar Assembly of God Church, Epik Student Ministries, its employees, staff members, and appointed student leaders [paid or volunteer] to take whatever action is necessary, in their best judgment, in an emergency and I hereby release them from any responsibility or liability related thereto.
3. I hereby grant Epik Student Ministries permission to use my and/or my child's name, picture or likeness in any printed or video promotional materials.

Please Print:

Name of Participant: _____

Birth date ____ / ____ / ____

Parent/Guardian Name: _____

Phone Number: _____ Cell Phone: _____

Emergency Contact Name and Phone Number: [if parent/guardian not available]

I agree to follow all rules and procedures at the Epicenter Rockwall. This includes wearing and using required equipment correctly and safely. I agree to follow all instructions and directions given by Rockwall belayers and staff.

Participant Signature

Date

I give permission for my child to participate in Rockwall activities and agree to the release and waiver as stated above.

Parent/Guardian Signature

Date