

AUTHORIZATION AND RELEASE OF LIABILITY

NOTICE: THIS IS A BINDING LEGAL DOCUMENT. CONSULT AN ATTORNEY IF YOU HAVE ANY QUESTIONS.

I, represent and agree that I am the parent or legal guardian of child(ren), a minor child(ren) ("Minor(s)"), and that I am legally competent to agree to this agreement and release; that I have fully informed myself of this agreement by reading it before agreeing, and that I have fully informed myself of the details and risks of Minor's participation in any and all EDUFEST activities prior to agreeing to this document ("Release"). This Release shall be interpreted, as broadly as the law shall allow, if any portion of this Release is held invalid by a court of competent jurisdiction, the remainder of this Release shall remain in full force and effect.

I, authorize Minor(s) to attend and to participate in activities offered by The Potter's House of Fort Worth, Inc. d/b/a T.D. Jakes Ministries, its agents, officers, directors, volunteers, and employees (collectively referred to as "the Church"). I understand that these activities may take place at the Church facilities or off-site.

I understand that I, as the parent/legal guardian, will be fully responsible for complying with any restrictions prescribed for my Minor(s) by his/her personal physician. Further, I have personally undertaken the responsibility of notifying EDUFEST/TPHFW Church of all special needs, special dietary requirements or restrictions, medication requirements or restrictions, and learning or communication differences that the Minor(s) may have below in this Release. I represent and agree that Minor shall conduct himself/herself in a manner that is courteous and respectful to the adult leaders of Destiny Planet Children's Ministry and to others. I understand that Church may restrain Minor(s) if the Church deems it necessary, in Church's sole discretion, to protect the health and/or safety of Minor(s) or other persons.

I, agree, individually and on behalf of Minor, to release and to hold the Church harmless of any liability for any harm or injury to Minor or damage to or loss of Minor's personal property, resulting directly or indirectly from his/her participation in EDUFEST, whether foreseen or unforeseen by the Church, the Minor, or me and whether or not resulting from negligence of the Church.

I, personally assume all risks and liabilities in connection with Minor's participation in the Activity, and I agree to indemnify the Church against any liability, which may be assessed against it as a direct or indirect result of Minor's participation in EDUFEST activities.

In the event that Minor(S) is injured during the Activity, and I am unable to provide consent to his or her medical treatment, I authorize the Church to consent on my behalf to the performance on any and all medical treatment judged necessary by the Church, until I am able to provide consent or until someone legally able to speak on Minor's behalf is made available. I agree, individually and on behalf of Minor, to release, indemnify, and hold the Church harmless from any liability, which may be assessed against the Church as a direct or indirect result of said medical treatment. I agree to pay or arrange for payment for all cost associated with said medical treatment.

Photo Release Form:

I, give my consent to the church and EDUFEST to use photo or video images taken of my child in brochures, advertisements for the church, on the website, in social media, and in other church related publications as they see fit.

DO NOT SIGN THIS RELEASE IF YOU DO NOT UNDERSTAND OR AGREE WITH ITS TERMS. IF UNDER 18 YEARS OF AGE, SIGNATURE OF PARENT OR GUARDIAN IS REQUIRED. Please list ALL Special Needs, Allergies/

Requirements or Differences of Minor(s):

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THE POTTER'S HOUSE OF FORT WORTH
PERMISSION SLIP/WAIVER FORM

I give my permission for my son/daughter _____, (Child's Name) to be a participant in the 2022 EDUFest Kids Portion, sponsored by the Potter's House of Fort Worth. All activities will be located at Tarrant County College - Trinity River Campus and could include; physical activity with games, crafts, lunch/snacks and additional on site activities.

Safety Protocols - I understand that my child will be around other students and will follow all Covid-19 recommended safety precautions advised by the Potter's House of Fort Worth Safety and Security team, including wearing their own personal mask or face shield. If my child does not have a mask, they will be provided with one upon entry.

Food and Allergies - I understand that there will be food provided and will list any and all food allergies or concerns that my child may have.

Event photo release- I understand that video and pictures may be taken within the time of the event and give permission for my child to be filmed/participate.

Furthermore, I understand that these activities or hosted by a church, therefore the participant afore-mentioned must conduct him/herself in a respectful manner to others and officials of the activities at all times.

In consent for being permitted to participate in all Potter's House of Fort Worth activities during Edufest I, the guardian for myself, my family, legal representatives, and heirs hereby release, insurance, hold harmless and agree to defend The Potter's House and T. D. Jakes Ministries, Inc., and their officers, directors, employees, and agents referred from any claim, demand, action, or right of action, in the Law or in equity, foreseeable or unforeseeable, arising from any injury to my child, my family, or any other cause which may occur as a result of my or my family's participation in the above activities.

I, _____, personally assume full responsibility for the risks of bodily injury, death, or property damage arising from participation in the above activities.

I, _____ give permission for my student to be videotaped or have their picture taken as part of the event.

Further, I _____ state that (a) I am of legal age and legally competent to sign this agreement and release; (b) I understand that terms in this agreement and release are contractual and not merely recital; (c) I have fully informed myself of this agreement and release by reading it before I signed it; (d) I am the above child's legal guardian.

DO NOT SIGN THIS RELEASE IF YOU DO NOT UNDERSTAND OR AGREE WITH ITS TERMS. IF UNDER 18 YEARS OF AGE, SIGNATURE OF PARENT OR GUARDIAN IS REQUIRED.

Parent or Guardian Signature

Date

*Please list any allergies, dietary restrictions, diagnoses, or current medications.