

Exalt 2017 Adult Session Agreement, Waiver and Release Form

(This completed and signed form MUST accompany each participant.)

I wish to participate in the Exalt 2017 Adult Session. In consideration for being permitted to participate in the above activity, I, being of legal age, do hereby authorize any emergency medical and/or dental treatment on my behalf should I be unable to give such consent. This consent includes reasonable medical and/or dental treatment, including but not limited to diagnostic tests, x-rays, examinations, anesthesia, or other procedures, which may be deemed necessary to my medical well being during the Exalt 2017 Adult Session.

I hereby voluntarily release and hold harmless the Exalt Worship Arts Conference and its officers, staff and agents from all manner of suits, actions, claims, demands, liabilities, cost or expense which may arise from the participation of my minor child in this Session, or which may hereafter accrue to me as the result of participation in said activity. This release is intended to discharge in advance the Exalt Worship Arts Conference and its officers, staff and agents from any and all liability arising out of or connected in any way with my participation in the Session or class breaks, even though that liability may arise out of negligence or carelessness on the part of the persons or entities mentioned above.

I understand that this activity involves the possibility of risk and danger of accidents and knowing those risks I hereby assume those risks. I understand that this document constitutes a full and complete waiver of all possible claims, including claims for negligence in personal injury, property damage, and lost or stolen property arising out of my participation in the Exalt 2017 Adult Session. It is further agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns.

I HAVE CAREFULLY READ THIS AGREEMENT, WAIVER & RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND Exalt Worship Arts Conference and its officers, staff and agents AND I SIGN IT OF MY OWN FREE WILL.

I hereby consent that I, _____ (PRINT name), may participate in the above activity and I hereby execute the Agreement, Waiver & Release on my behalf. I state that I am physically able to participate in said activities.

Should a medical emergency arise, the parent/guardian will be notified immediately. If the undersigned is not available for consultation, permission is granted to Exalt Worship Arts Conference Directors to obtain medical treatment as deemed necessary.

Name (print) _____

Signature _____ Date _____

Contact Phone #'s _____

In the event that I am unable to make decisions regarding medical care for myself (or my minor child), the contact(s) listed below are authorized to do so on my behalf:

Name (print) _____ Relationship to participant _____

Contact Phone #'s _____

Name (print) _____ Relationship to participant _____

Contact Phone #'s _____

Exalt 2017 Adult Session

Consent/Release to Photograph/Video Student

Exalt Worship Arts Conference further requests the right to photograph and video tape you during the Session. We request the right to edit, use, and reuse your picture for use in print, on our website, on dvd, and other forms of media. Student's picture will be displayed only.

I HAVE CAREFULLY READ AND FULLY UNDERSTAND THIS CONSENT REQUEST. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY FROM ALL CLAIMS, DEMANDS, AND LIABILITIES IN CONNECTION WITH THE ABOVE, AND A CONTRACT BETWEEN MYSELF AND Exalt Worship Arts Conference, its officers, staff and agents AND I SIGN IT OF MY OWN FREE WILL.

I hereby consent that I, _____ (PRINT name), may participate in the above activity and I hereby execute the Agreement, Waiver & Release on my behalf.

Name (print) _____

Signature _____ Date _____