

# The Barn Ministry, Inc.

## Liability Waiver and Release

THIS AGREEMENT RELATES TO THE BARN MINISTRY, INC., located at 2140 Rensch Road, Pleasant Hill, OH 45359.

THIS AGREEMENT CONSTITUTES AN EXPRESS CONTRACTUAL ASSUMPTION OF ALL RISKS, WAIVER OF AND RELEASE FROM ALL LIABILITY, INCLUDING BUT NOT LIMITED TO NEGLIGENCE, AND AN INDEMNITY FOR ALL THIRD PARTY CLAIMS.

We know that skateboarding, in-line skating, bicycling and other forms of skating are inherently dangerous sports and activities in which we choose to voluntarily participate at our own risk. We are aware that the usual risks, hazards and dangers of personal injury, death and disability or property damage and loss (collectively "damages"), necessarily increase when using ramps, curbs, steps, half pipes, inclines or declines, bowls or any other structure and device. We know the risks, hazards and dangers include, but are not limited to, uncontrollable boards, falling, jumping, landing, performing tricks, colliding with other users, staff media personnel and spectators. We also understand that these risks, hazards and dangers are further increased when other persons, whether or not of the same level of experience or skill, are present at the same time and are using the same facilities.

**The undersigned certifies that he/she understands that wearing a helmet and protective safety gear is highly recommended. The Barn Ministry Skate Park is a "Skate at Your Own Risk" facility that may not be monitored at all times of operations.**

The undersigned is aware and understands that The Barn is not responsible for any injury the Participant may cause to another person or damage he/she may cause to any Barn property. Furthermore, the undersigned agrees to indemnify and hold harmless The Barn and its affiliates, employees, subsidiaries, sub-contractors and volunteers from any damage to any person or property caused by the Participant.

The undersigned further certifies that he/she has no medical condition, which would cause participation in activities at the Barn to be potentially hazardous to his or her health. In addition, this Agreement shall constitute authorization for The Barn Ministry, Inc. to provide or cause to be provided such medical treatment to the undersigned as may be necessary or appropriate if any injury occurs while at The Barn. I further authorize attending medical personnel to execute on my behalf any permission forms, consents or other appropriate documents relating to medical attention and to act on my behalf if I am not able or immediately available to do so.

**THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THIS AGREEMENT**, and further agrees that no oral representations, statements or inducements apart from this Agreement have been made by The Barn or anyone else with regard to the subject matter of this Agreement.

Participants Name (print): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Number: \_\_\_\_\_

**FOR PARTICIPANTS UNDER 18 YEARS OLD**

My parent or legal guardian and I hereby certify that I am under 18 years old. We have completely read and understand this Agreement and its terms. Prior to signing this Agreement, we have had the opportunity to ask any questions about this Agreement and/or The Barn Ministry, Inc. We are aware that, by signing this Agreement, we assume all risks and waive and release certain rights that I and my heirs, next of kin, family, relatives, guardians, executors, administrators, trustees and assigns may have against The Barn Ministry, Inc. and any organizations or individuals associated with them in any way. Furthermore, I assume responsibility for any damage the Participant may cause to any property or any other person while on The Barn premises.

Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Participant's Name (print): \_\_\_\_\_

Are you the Legal Guardian of Participant signed above? Y N (circle one)

Parent (Legal Guardian) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent (Legal Guardian) Name (print): \_\_\_\_\_

Parent (Legal Guardian) Drivers License #: \_\_\_\_\_ State: \_\_\_\_\_

Address: \_\_\_\_\_

Parent's Phone # (Home): \_\_\_\_\_ Mobile #: \_\_\_\_\_

Work #: \_\_\_\_\_

**FOR PARTICIPANTS 18 YEARS AND OLDER:**

I have read this release of liability and assumption of risk agreement. I fully understand it's terms and I also understand that I have been given up substantial rights by signing it. I sign it freely and voluntarily.

Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Participant's Name (print): \_\_\_\_\_

Picture ID Verification: Drivers License #: \_\_\_\_\_ State: \_\_\_\_\_

Other: \_\_\_\_\_

THIS INSTRUMENT PREPARED BY:

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