

# The Release and Waiver of Liability, Indemnification and Assumption of Risk

Along with the indemnity form, please complete online registration form at [rhcyouthcamp18.peatix.com](http://rhcyouthcamp18.peatix.com).

Thank you for letting your child(ren) participate in Youth Camp 2018 ("Youth Camp") from 9 to 11 March 2018.

Please note that while Redemption Hill Church ("Church") will use its best efforts to ensure the care and safety of your child(ren) during the activities undertaken by the Church ("Activities") during the Youth Camp, including, but not limited to, any arrangement of transport to and from the Youth Camp, we do need each parent to release the Church and its ministry staff and volunteers from liability and the assumption of risk.

Accordingly, before we are able to take over care of your child(ren) and/or before your child(ren) attend Youth Camp, we need you to sign a Release and Waiver of Liability, Indemnification and Assumption of Risk appended below. Kindly read through this thoroughly and approach our staff should you require any clarification.

By signing this agreement, you are agreeing to the following:

1. You fully understand and acknowledge that there are risks and dangers associated with Activities which could result in property or bodily injury, and/or death. These risks and dangers may be caused by your child(ren)'s action(s), inaction(s) or negligence or that of other third parties, including the Released Parties, as described below. There may also be other risks and dangers which are unknown or not reasonably foreseeable at this time.
2. You accept and assume the risk and responsibility for any losses and/or damages for any such injury, disability, or death, however caused and whether caused in whole or in part by the negligence of the Released Parties.
3. You agree to take all necessary precautions and best efforts in relation to the safety and well-being of your child(ren) at the Youth Camp and its premises, including advising the Released Parties of any medical, physical, mental and other health conditions (including allergies) that the Church should be aware of during the participation of your child(ren) in Activities at the Youth Camp, including but not limited to informing the Released Parties if your child(ren) is not fit to participate in such Activities, if applicable. You hereby declare that your child(ren) are in good, normal health and have no abnormal medical, physical, mental conditions and/or disabilities and health conditions (including allergies) except as listed below. \*
4. You hereby release, waive, discharge and agree not to initiate any form of legal action against the Church, its pastors, elders, officers, agents, employees and volunteers (collectively "Released Parties") for any and all rights, claims, liabilities, lawsuits, damages, and expenses, including attorneys' fees, of any kind, known or unknown, existing or arising in the future, including those arising from negligent conduct of the Released Parties ("Claims and Damages") which you have or may have in the future against Released Parties resulting from, related to or in connection with the Activities.
5. You further agree to indemnify and hold the Released Parties harmless against any Claims and Damages arising out of or in any way connected with the Activities.
6. The Church is hereby granted the right to photograph and/or video record me and/or the listed minors and allowed to use my or their name, voice and appearance in connection with social media and promotional materials. I acknowledge and agree that the rights granted to this release are without compensation of any kind. (Please strike this out if you do not agree to this field.)
7. You agree that the terms of this form shall be governed by Singapore law, and you submit to the exclusive jurisdiction of Singapore courts. You further agree that the Released Parties shall have benefit of the terms under this Form as if they were a party to it, pursuant to Contract (Rights of Third Party) Act (Cap. 53B).

YOUR SIGNATURE BELOW INDICATES THAT YOU HAVE READ THIS ENTIRE DOCUMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT IT AFFECTS YOUR LEGAL RIGHTS, AND AGREE TO BE BOUND BY ITS TERMS.

FULL NAME(S) OF CHILD(REN):

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Signature

Name of Parent/Legal Guardian:

Date: \_\_\_\_\_

\* HEALTH CONDITIONS (WITH REGARDS TO CLAUSE 3 ABOVE)

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