



Adult Chaperone – Release of Liability
Please Print and Provide All Information Requested.

IMPORTANT: THIS DOCUMENT CONTAINS A RELEASE OF LIABILITY. YOU ARE ADVISED TO REVIEW IT CAREFULLY.

Name of Chaperone: _____

Address: _____

Church Name: _____ Team Name: _____

Event Location _____ Dates Chaperone Will Attend Event _____

In consideration of my participation in **Summit** and its related activities (“Event”), I am signing this Adult Chaperone-Release of Liability.

Release of Liability

Prior to my involvement in the Event activities, I acknowledge that involvement in the Event may involve risk of property damage and of personal injury, illness or even death, including but not limited to the risks arising from transportation-related activities, recreational activities, accidents in and around facilities, adverse weather conditions, and injuries and illness as a result of food-borne illnesses and allergic reactions.

By signing this Adult Chaperone-Release of Liability, I state that I am fully capable of my duties as chaperone as well as safely participating in Event activities, and I expressly assume all risks of my involvement, whether such risks are known or unknown to me at this time. I further generally release Awana Clubs International (“ACI”) its directors, officers, employees, volunteers, and agents, and other participants at the Event, from any and all claims that I may have against any of them, whether on or off Event grounds. This Release of Liability is given on behalf of myself, and any of my heirs, family, estate, administrators, and personal representatives.

I expressly agree that this Release is intended to be as broad and inclusive as permitted by law.

Consent to Medical Treatment

I hereby consent to receive medical treatment that may be deemed advisable in the event of injury, accident and/or illness during this Event.

List any food, drug or other allergies (If none, “None” or “N/A”) _____

List any physical conditions (asthma, diabetes, etc.), and/or any necessary medications (If none, “None” or “N/A”): _____

Media Release

I understand that at this Event or related activities, I may be photographed. I agree to allow my photo, video or film images to be freely used for any legitimate purpose by Awana and its assigns. I hereby authorize and consent to the editing, reproduction, exhibition and use of said photographs/ videos by Awana in its publications, websites, social media and print media. If identification is made, my first name and church name may be used.

General Provisions

I represent and warrant that I am over the age of 18 and have the full power and authority to enter into this Adult Chaperone-Release of Liability. By signing below, I acknowledge that I have read and understand this document, and also represent that all information provided is accurate.

If any portion of this Agreement is determined to be invalid or unenforceable under applicable law, the remainder of this Agreement shall remain valid.

I expressly agree that this Release is intended to be as broad and inclusive as permitted by the State of Illinois and that this Release shall be governed by and interpreted in accordance with the laws of the State of Illinois, without regard to its choice of law provisions.

Chaperone Signature

Date

Contact Phone Number/Email

Chaperone Name - Printed

Emergency Contact: Name and Phone Number