

1947 K Ave Ste. B100

Plano, TX 75074

214-501-2181

Participant’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ASSUMPTION OF RISK AND RELEASE FORM**

**(***If Participant is under 18 years of age, a parent or legal guardian must also read and sign this form)*

**Risk of Participation**. I fully recognize that there are dangers and risks to which I may be exposed by participating in Hope Restored Missions’ programs and activities. I acknowledge and accept all risks associated with participating in Hope Restored Missions’ programs and activities including but not limited to death or injury by accident illness and random acts of violence either on Hope Restored Missions’ property or off-site properties.

**Assumptions of Risk, Covenant Not to Sue, and Release of Claims**. Knowing the risks described above and inconsideration of being permitted to participate in Hope Restored Missions’ programs and activities. I agree on behalf of my family, heirs, and personal representatives to assume all the risks and responsibilities surrounding my participation in their programs and activities. I waive any and all claims for damages which I, or my heirs, successors or assigns, may have against Hope Restored Missions, its trustees, representatives, employees, or agents arising from my death, illness, injury or any property damage or loss that I may suffer.

**I have carefully read this Release Form before signing the document. No representations, statements, or inducements, oral or written, apart from the foregoing written statement, have been made**.

This agreement shall be governed by the laws of the state of Texas, which shall be the forum for any lawsuits filed under or incident to this Release.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed or Typed Name E-Mail

**CONSENT OF PARENT/LEGAL GUARDIAN REQUIRED IF ABOVE INDIVIDUAL IS A MINOR**

I am the parent and/or legal guardian of the above minor and hereby consent and agree to the foregoing terms and provisions on his or her behalf.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Printed or Typed Name)