



GENERAL RELEASE AND WAIVER AND ASSUMPTION OF RISK

Prince Avenue Baptist Church

PLEASE READ THIS GENERAL RELEASE AND WAIVER AND ASSUMPTION OF RISK ("AGREEMENT") CAREFULLY BEFORE YOU SIGN IT. THIS IS A LEGAL DOCUMENT WHICH AFFECTS YOUR LEGAL RIGHTS. IF YOU HAVE ANY QUESTIONS ABOUT THIS AGREEMENT, PLEASE CONSULT AN ATTORNEY BEFORE YOU SIGN IT.

1. Assumption of Risk

I, _____ acknowledge that I have applied to be a volunteer in the work of Prince Avenue Baptist Church (PABC). I am aware and acknowledge that the work of PABC may subject me to a number of risks and dangers. I understand and acknowledge that the work of PABC may involve hazardous or dangerous activities and that my participation in such work may subject me to the risk of injury, illness or death. I have volunteered to participate in the work of PABC in Oconee County, Georgia, Clarke County, Georgia and anywhere the church is involved in an activity. I understand and acknowledge that I may be subject to a number of additional risks and dangers involved in transportation related to this activity or event, participating in physical activity, doing manual labor, construction, painting, using machinery and tools. I voluntarily agree to assume all of the above risks, and all other risks associated with my participation in the work of PABC, whether known or unknown.

2. General Releases

As consideration for being permitted by PABC to participate in its work, I hereby release and forever discharge PABC, their directors, officers, agents, employees, representatives, volunteers, attorneys, assigns, and affiliates for any and all claims and demands of whatever kind or nature, whether known or unknown, that arise out of or are connected in any way whatsoever with my voluntary participation in the work of PABC.

3. Release Re: Medical Treatment

As further consideration for being permitted by PABC to participate in their work, I hereby release and forever discharge PABC, their directors, officers, agents, employees, representatives, volunteers, attorneys, assigns, and affiliates from any and all claims and demands of whatever kind or nature, whether known or unknown, that arise out or are connected in any way whatsoever with any first aid, medical treatment, or services rendered me during my participation in or in any way related to PABC work or service.

4. Binding Effect

I understand and acknowledge that this Agreement is a binding legal document that affects my legal rights and remedies. I further understand and acknowledge that this Agreement binds not only me but also my spouse, parents, children, heirs, representatives, distributes, guardians and assigns.

5. No Employee Status/No Workers Compensation/No Malpractice Insurance/No Employee Benefits

I understand and agree that I am not an employee of PABC because I participate as a volunteer in the work of PABC. I understand and agree that PABC are under no obligation to provide, and do not provide, workers compensation or malpractice insurance or any other employee benefits of any kind whatsoever.

6. Scope

I understand and agree that this Agreement is intended to be interpreted and construed as broadly and inclusively as permitted under the laws of the State of Georgia. If legal proceedings are filed I understand they will be tried only in the State of Georgia.

7. Entire Agreement/Amendment Only by Writing

I understand and agree that this Agreement constitutes the entire agreement between me, PABC concerning my participation in the work of PABC and supersedes all negotiations and statements made prior to or contemporaneous with the execution of this Agreement. I further understand and agree that this Agreement may only be modified or amended by a writing signed both by me and by an authorized representative of PABC, and that this Agreement may not be orally amended.

8. Governing Law/Forum

I understand and agree that this Agreement shall be governed by and interpreted in accordance with the laws of the State of Georgia. I hereby further agree that any litigation, administrative proceeding or arbitration concerning this Agreement or my participation in the work of PABC shall be brought and conducted in the Superior Court of the State of Georgia in and for Oconee County. I agree to be subject to personal jurisdiction and venue in the State of Georgia, Oconee County, and hereby waive any right I may have to commence any litigation, administrative action or arbitration relating to this Agreement or my participation in the work of PABC in any form other than the Superior Court of the State of Georgia in and for Oconee County.

9. Invalidity of Any Clause

I understand and agree that in the event any clause, sentence or provision of this Agreement shall be held to be invalid or unenforceable by any court of competent jurisdiction, the invalidity or unenforceability of such clause, sentence or provision shall not affect the validity or enforceability of the remaining provisions.

10. Terms Contractual

I understand and agree that the terms of the Agreement are contractual and are conditions precedent to my participation in the work of PABC and are not mere recitals.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS AND BINDING EFFECT. I ACKNOWLEDGE THAT I HAVE HAD THE OPPORTUNITY TO HAVE THIS AGREEMENT REVIEWED BY AN ATTORNEY PRIOR TO THE TIME I SIGNED IT. I UNDERSTAND THAT THIS AGREEMENT IS A LEGAL CONTRACT BETWEEN ME, PABC THAT AFFECTS MY LEGAL RIGHTS. I REPRESENT THAT I AM SIGNING THIS AGREEMENT KNOWINGLY, VOLUNTARILY AND OF MY OWN FREE WILL.

Signature Date

Print Name

Parent/Legal Guardian Signature (if 17 or younger) Date

Print Parent/Legal Guardian Name