

WAIVER & RELEASE OF LIABILITY

In consideration of the risk of injury while participating in

(the "Activity"), and as consideration for the right to participate in the Activity, I hereby, for myself, my heirs, executors, administrators, assigns, or personal representatives, knowingly and voluntarily enter into this waiver and release of liability and hereby waive any and all rights, claims or causes of action of any kind whatsoever arising out of my participation in the Activity, and do hereby release and forever discharge Freedom Fellowship Church, Patrick & Sheila McGuffin, Matthew & Stacy Butschek, and any other leaders associated with Freedom Fellowship Church, located at 5631 Gilliam Road, Orlando, FL, their affiliates, manager, members, agents, attorneys, staff, volunteers, heirs, representatives, predecessors, successors and assigns, for any physical or psychological injury, including but not limited to illness, paralysis, death, damages, economical or emotional loss, that I may suffer as a direct result of my participation in the aforementioned Activity, including traveling to and from an event related to this Activity.

I agree to indemnify and hold harmless Freedom Fellowship Church, Patrick & Sheila McGuffin, Matthew & Stacy Butschek, and any other leaders associated with Freedom Fellowship Church against any and all claims, suits or actions of any kind whatsoever for liability, damages, compensation or otherwise brought by me or anyone on my behalf, including attorney's fees and any related costs, if litigation arises pursuant to any claims made by me or by anyone else acting on my behalf. If Freedom Fellowship Church, Patrick & Sheila McGuffin, Matthew & Stacy Butschek, and any other leaders associated with Freedom Fellowship Church incurs any of these types of expenses, I agree to reimburse them.

I ACKNOWLEDGE THAT I HAVE CAREFULLY READ THIS "WAIVER AND RELEASE" AND FULLY UNDERSTAND THAT IT IS A RELEASE OF LIABILITY. I EXPRESSLY AGREE TO RELEASE AND DISCHARGE ALL PARTIES MENTIONED ABOVE FROM ANY AND ALL CLAIMS OR CAUSES OF ACTION AND I AGREE TO VOLUNTARILY GIVE UP OR WAIVE ANY RIGHT THAT I OTHERWISE HAVE TO BRING A LEGAL ACTION AGAINST THEM FOR PERSONA INJURY OR PROPERTY DAMAGE.

In the event that I should require medical care or treatment, I agree to be financially responsible for any costs incurred as a result of such treatment. I am aware and understand that I should carry my own health insurance.

/s/ _____ (Parent or Guardian signature o/b/o Minor Child)

_____ (Child's name)