DREAMCENTER

ASSUMPTION OF RISK AND WAIVER OF LIABILITY

Notes: This form is intended for use by adults and minors who participate in volunteer work and community service activities organized by or through The Dream Center, located at 2301 Bellevue Avenue, Los Angeles, California 90026, whether such activities take place on or off The Dream Center's campus. The Dream Center may not have insurance to cover injuries or accidents that occur while individuals are participating in volunteer activities, and has no means of completely supervising all volunteer activities. Accordingly, The Dream Center requires all individuals participating in volunteer activities to assume all risks associated with such participation, and to waive The Dream Center's liability in connection therewith, as conditions of participation.

*****When this form is used for a minor individual, the minor's name should be inserted as the name of the volunteer, and both the minor and the minor's parent or legal guardian should read and sign the form.*****

AGREEMENT:

In consideration of The Dream Center's permission for me to participate in volunteer work and/or community service activities organized by or through The Dream Center (collectively, "Volunteer Activities"), I, _____ (full name of volunteer), represent and agree that:

1. I am a volunteer worker and not an employee of The Dream Center, and I am participating in any and all Volunteer Activities without any expectation of compensation.

2. I am aware of the hazards and risks to my person and property associated with participating in Volunteer Activities, such hazards and risks including, but not being limited to, death or injury by accident, disease, war, terrorist acts, weather conditions, inadequate medical services and supplies, criminal activity, and random acts of violence, and damage to or loss of my personal property.

    a. I understand that certain Volunteer Activities including Skid Row Feeding may present an increased risk of communicable disease and acknowledge that The Dream Center strongly encourages me to wear gloves provided by The Dream Center during such activities. I understand that if I check the following box, I am acknowledging that I have opted out of wearing gloves against The Dream Center's recommendation and am expressly assuming all risks associated with my choice:

        ☐ GLOVES OPT OUT

3. I understand that The Dream Center may not have any insurance coverage that would apply in the event of my death, illness, or injury, or damage to or loss of my property, that may occur during my participation in any Volunteer Activities, and that if I desire insurance coverage I am responsible for obtaining such insurance at my own cost.

4. I choose to participate in Volunteer Activities with full awareness of the risks thereof. I voluntarily assume all risks of death, injury, illness, and damage to or loss of my property, that may arise out of my participation in any Volunteer Activities.

5. I hereby release The Dream Center and its agents, officers, directors, and employees (collectively, "Dream Center Releasees") from any liability, claims, causes of action, damages, judgments, and costs or expenses, including attorney's fees and costs, which may in any way arise as a result of my participation in any Volunteer Activities, whether caused by the fault of myself, Dream Center Releasees, or third parties.

6. I will indemnify, defend and hold harmless The Dream Center and its agents, officers, directors, and employees from and against any and all liability, claims, causes of action, damages, judgments, and costs or expenses, including attorney's fees and costs, which may in any way arise as a result of my acts or omissions during the course of any Volunteer Activities.

7. I attest and certify that I have no medical conditions that would prevent me from safely participating in any Volunteer Activities. I understand that it is my responsibility to inform The Dream Center of any health or medical conditions or other considerations that should limit my participation in Volunteer Activities.

8. The provisions of this Assumption of Risk and Waiver of Liability shall be binding upon me, and upon my heirs, successors, assigns, and legal representatives.

9. I expressly waive any defense to the enforcement of any provision of this Assumption of Risk and Waiver of Liability arising from a claim of lack of consideration and warrant that this agreement constitutes a legal, valid, and binding obligation upon me enforceable against me, and my heirs, successors, assigns, and legal representatives, in accordance with its terms.

10. I expressly agree that the assumption of risk and waiver and release of liability contained herein are intended to be as broad and inclusive as permitted under the laws of the State of California. If any portion hereof is found invalid, the remainder of this agreement shall continue in full force and effect.

I HAVE CAREFULLY READ THE FOREGOING ASSUMPTION OF RISK AND WAIVER OF LIABILITY AND UNDERSTAND ITS CONTENTS. I VOLUNTARILY SIGN THIS AGREEMENT AS MY OWN FREE ACT. THIS IS A LEGAL DOCUMENT AND I UNDERSTAND THAT I HAVE THE OPPORTUNITY TO ASK QUESTIONS AND CONSULT WITH AN ATTORNEY BEFORE SIGNING IT.

Volunteer's Full Name: _____
Volunteer's Signature: _____
Date: _____
Address: _____
City: _____ State: _____ Zip: _____

IMPORTANT: Two witnesses should observe the volunteer's signature and sign below. The witnesses must be at least 18 years old, and should not be relatives of the volunteer.

Witness Name:_____ Witness Name: _____
Witness Signature: _____ Witness Signature: _____
Address: _____ Address: _____

City: _____ City: _____
State & Zip: _____ State & Zip: _____

****If the volunteer is under 18 years of age, the minor volunteer's parent or legal guardian must also complete the following Parent or Guardian Agreement.****

PARENT OR GUARDIAN AGREEMENT:

I,_____(full name of parent or legal guardian) am the parent or legal guardian of _____ (minor volunteer's full name), who was born on_____.

I warrant that I possess all the rights, powers and privileges of a parent or legal guardian necessary to execute this legal instrument with binding legal effect.

I have read and understand all of the terms of the foregoing Assumption of Risk and Waiver of Liability. I agree to all of the terms of the foregoing Assumption of Risk and Waiver of Liability on behalf of my above-named minor child or legal ward, and consent to my child or ward's participation in Volunteer Activities under such terms.

Parent or Legal Guardian's Full Name: _____
Parent or Legal Guardian's Signature: _____
Date: _____
Address: _____
City: _____ State: _____ Zip: _____

IMPORTANT: Two witnesses should observe the parent or legal guardian's signature and sign below. The witnesses must be at least 18 years old, and should not be relatives of the parent or legal guardian.

Witness Name:_____ Witness Name: _____
Witness Signature: _____ Witness Signature: _____
Address: _____ Address: _____
City: _____ City: _____
State & Zip: _____ State & Zip: _____

MEDICAL INFORMATION

Note: A copy of this form should be completed for each adult and minor participant.

NAME _____DATE OF BIRTH: _____

PERSON TO NOTIFY, In case of Emergency:

NAME:_____

RELATIONSHIP:_____

ADDRESS:_____

TELEPHONE (WORK) _____ (HOME) _____

MEDICAL CONDITIONS _____
_____
_____

MEDICATION CURRENTLY TAKING _____
_____
_____

ANY KNOWN ALLERGIES _____
_____

BLOOD TYPE, if known_____

PHYSICIAN'S NAME _____

ADDRESS_____

TELEPHONE_____

MEDICAL INSURANCE _____

INSURANCE # _____

CONSENT FOR MEDICAL TREATMENT OF MINOR

I,_____ (full name of parent or legal guardian) am the parent or legal guardian of _____ (minor's full name), who was born on_____ (MM/DD/YYYY).

I warrant that I possess all the rights, powers and privileges of a parent or legal guardian necessary to execute this document with binding legal effect.

I hereby authorize and give my permission for The Dream Center, Angelus Temple, Dream Center Discipleship, Lord's Gym, and their respective agents, officers, directors, and employees, to seek medical care for my above-named minor child or ward in the event that they deem such care to be necessary.

I consent to the examination of my above-named child or ward by a physician duly licensed to practice medicine in the State of California or any other health care professional duly licensed to provide health care services in the State of California as deemed necessary by The Dream Center, Angelus Temple, Dream Center Discipleship, Lord's Gym, or their respective agents, officers, directors, or employees.

I further consent to a physician or health care professional's providing any and all medical care to my minor child or ward that such physician or health care professional deems, in his or her professional opinion, to be necessary.

I understand and acknowledge that my permission and consent is sufficient for this purpose. I affirm that no permission or consent from any other person is required by law.

I agree to be financially responsible for any and all medical expenses or other costs incurred as a result of any services rendered to my above-named child or ward under this Consent for Medical Treatment of Minor. I shall indemnify, defend, and hold harmless The Dream Center, Angelus Temple, Dream Center Discipleship, Lord's Gym, and their respective agents, officers, directors, and employees, from and against any and all liability, claims, causes of action, damages, judgments, and costs or expenses, including attorney's fees and costs, arising out of any medical care or treatment provided to my child or ward.

I understand that it is my obligation to inform the management of The Dream Center, Angelus Temple, Dream Center Discipleship, and Lord's Gym of any and all health considerations or medical conditions that should restrict my child or ward's participation in any and all activities involving The Dream Center, Angelus Temple, Dream Center Discipleship, Lord's Gym, or any of their affiliates.

Note: Should the need for medical attention for a minor arise, The Dream Center, Angelus Temple, Dream Center Discipleship, Lord's Gym and their affiliates will attempt to contact parents/guardians as soon as practicable under the circumstances.

Please list all health issues (allergies, medications, etc.) that we should be aware of:

_____

_____

_____

I give permission for employees and agents of The Dream Center, Angelus Temple, Dream Center Discipleship, Lord's Gym, and their affiliates to administer the following medications to my child as needed and certify that, to the best of my knowledge, my child is not allergic to the medication:

Medication: Notification:

___ Tylenol (500 mg, 2 tabs every 6 hours for pain) Notify me: ___ Before ___ After ___
No Notification Necessary
___ Pepto Bismol (2 tablespoons every 4 hours for nausea) Notify me: ___ Before ___ After ___
No Notification Necessary
___ Ibuprofen (200 mg, 2 tabs every 6 hours for pain) Notify me: ___ Before ___ After ___
No Notification Necessary
___ Neosporin (Apply cream to affected area) Notify me: ___ Before ___ After ___
No Notification Necessary
___ Chloraseptic (Spray every 2 hours for sore throat) Notify me: ___ Before ___ After ___
No Notification Necessary

_____ Dated: _____
Signature of Parent or Guardian

_____
Print Parent or Guardian Full Name

DREAMCENTER

Permission to Use Photographs and/or Video and/or Personal Testimonial(s)

I, _____ (print full name), hereby authorize The Dream Center and its employees and agents (collectively, "DC") to take and archive photographs and videos of me and my minor children and legal wards. I also authorize DC to take and archive one or more written, verbal, or video testimonials (personal stories) from me and my minor children and legal wards. Said photographs, videos, and testimonials shall be referred to herein as "media materials."

I grant DC, and its assigns and transferees, the irrevocable and unrestricted right to copyright, use, and publish the media materials in any manner or in any medium, including in print and/or electronically. I agree that DC and its assigns and transferees may use the media materials, with or without my name or the names of my minor children or legal wards, for any lawful purpose, including, for example, such purposes as publicity, illustration, marketing, and web content.

I hereby release DC, and its assigns, transferees, and legal representatives, from any and all claims and liability relating to the creation, archival, or use of the media materials. I also waive any right I or my minor children or legal wards may have to any compensation related to the media materials.

I certify that I have read and understand all of the above.

Signature _____ Date _____
Printed Name _____
Address _____
Email _____

If this agreement applies to any minor children or legal wards, please list their names and ages here:

Name of Minor or Legal Ward	**Age**