

ADULT RELEASE OF CLAIM HOLD HARMLESS AGREEMENT

By my signature below, I hereby agree as follows:

- 1. I am aged 18 years or older and am legally competent to sign this agreement and release.
- 2. I have fully informed myself of this agreement by reading it before signing, and I have fully informed myself of the details and risks of using the facilities located at 1710 W. Camp Wisdom Rd. and otherwise participating in the Health & Wellness Program (hereinafter collectively referred to as "the Activities").
- 3. Individually and on behalf of my heirs, I release and hold harmless Oak Cliff Bible Fellowship, its agents, officers, directors, and employees (collectively referred to as "the Church") from liability for my injury, death, or damage to or loss of my personal property, resulting directly or indirectly from my participation in the Activities.
- 4. My participation in the Activities is entirely at my own risk. I personally assume all risks and liabilities in connection with my participation in the Activities and agree to indemnify the Church against liability assessed against the Church as a direct or indirect result of my participation in the Activities. This release includes all risks and liabilities, including liability for negligence, connected with the Activities, whether or not foreseen by the Church or me.
- 5. If I am an employee of the Church, I also agree that my participation in the Activities is not expressly or impliedly required by the Church, nor is it a condition of my continued employment at the Church. I understand that my time spent participating in the Activities is my personal time, and that I am not entitled to any compensation from the Church for such time, also that any injury that I may sustain while participating in the Activities does not qualify for Workers Compensation benefits.
- 6. It is highly suggested that anyone participating in the Activities obtain proper training from the Fitness Ministry prior to beginning the Health & Wellness program.

Signature	Date
-	
Printed Name	
Witness	Date
Printed Name	