**PARTICIPANT RELEASE AND WAIVER OF LIABILITY FORM**

**PLEASE READ CAREFULLY! THIS IS A LEGAL DOCUMENT THAT AFFECTS YOUR LEGAL RIGHTS!**

I, the undersigned, desire to engage in activities related to serving and/or participating in Widow Strong events and activities as a volunteer and/or participant.

This Release and Waiver of Liability (the “Release”) executed on this \_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_ releases 180 Your Life DBA Widow Strong. and all of its successors and agents (“Widow Strong”), a nonprofit Religious Organization organized and existing under the laws of the United States as a Section 501(c) (3) tax exempt corporation, each of its directors, officers, employees, and agents, from any and all legal and financial liability related to my participation and engagement with Widow Strong.

I acknowledge that I am solely responsible for provision of my own insurance coverage in the event of personal injury or illness as a result of participation in the events and activities of Widow Strong.

1. Waiver and Release: I Release and forever discharge and hold harmless Widow Strong and its successors and assigns from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from the activities as a volunteer and/or participant with Widow Strong, including claims arising out of negligence. I understand and acknowledge that this Release discharges Widow Strong from any liability or claim that I may have against Widow Strong with respect to bodily injury, personal injury, illness, death, or property damage that may result from my involvement in the events and activities of Widow Strong.

2. Insurance: I affirm that I am covered by primary medical insurance and understand that I am responsible for the my own medical bills if injury or illness occurs. Further, I understand that Widow Strong does not assume any responsibility for or obligation to provide me with financial or other assistance, including but not limited to medical, health or disability benefits or insurance of any nature in the event of any injury, illness, death or damage to me or my property. I expressly waive any such claim for compensation or liability on the part of Widow Strong beyond what may be offered freely by Widow Strong in the event of such injury or medical expenses incurred by me.

3. Assumption of Risk: I understand that the activities provided by Widow Strong and which I am involved in may include activities that are inherently dangerous to me, including but not limited to COVID-19 infection. I hereby expressly assume the risk of injury or harm from these events and activities and Release Widow Strong from all liability for injury, illness, death, or property damage resulting from these events and activities.

4. Photographic Release: I grant and convey to Widow Strong all right, title, and interest in any and all photographs, images, video or audio recordings of me or my likeness or voice made by Widow Strong in connection with the my involvement in Widow Strong events and activities, including but not limited to any royalties, proceeds, or other benefits derived from such photographs or recordings.

5. Medical Treatment: I hereby Release and forever discharge Widow Strong from any claim whatsoever which arises or may hereafter arise on account of any first-aid treatment or other medical services rendered in connection with an emergency during my activity with the Widow Strong. I give our consent for Widow Strong to provide, administer, or obtain medical treatment for me.

6. Other: I expressly agree that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Georgia and that this Release shall be governed by and interpreted in accordance with the laws of the State of Georgia. I agree that in the event that any clause or provision of this Release is deemed invalid, the enforceability of the remaining provisions of this Release shall not be affected. By signing below, I express my understanding and intent to enter into this Release and Waiver. of Liability knowingly and voluntarily.

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_