

EPWORTH CENTER LIABILITY RELEASE FORM

We are asking each group to purchase their own liability insurance to cover you while you are participating in the SOWER Work Mission. In addition, we ask that each SOWER fill out the form below.

Participant's Name: _____ (known as the "undersigned")

Group Name: _____ Work Mission Dates: _____

The undersigned releases and agrees to hold harmless the Epworth Center, the East Ohio Annual Conference of the United Methodist Church, the local churches and their members, employees or agents, from any liability, injury, damages, loss, accidents, delay or irregularity related to the undersigned individual's planned participation or involvement in the following project:

SOWER Work Mission Camp

This release covers all rights and causes of action of every kind, nature and description, which the undersigned ever had, now has, or but for this release, may have. This release binds the undersigned and his or her heirs, representatives and assigns.

Signature of: (circle one) Parent / Guardian / Adult Participant / Staff

Please Print Name

Date

Notarization of Liability Release Form

STATE OF _____ s.s.

COUNTY OF _____

On this _____ day of _____, 20_____, before me personally appeared _____, to me known as the same person described in and who executed the within instrument, and who acknowledged the same to be the free act and deed thereof.

(signed)

Notary Public, _____ County

My Commission Expires _____