

ASSUMPTION OF RISK FORM

Note: This is for use by adults and minors who participate as a Missionary-Volunteer for The Dream Center may not have insurance to cover injuries or accidents that occur while acting in a Missionary-Volunteer capacity, and it has no means of adequately supervising all Missionary-Volunteer activities, we ask Missionary-Volunteers to assume all risks associated with them as a condition of their participation. \*\*When used to release minor, have the minor's name in the volunteers slot and the parent sign the signature line.\*\*

I, \_\_\_\_\_ (name of volunteer), in consideration of my acceptance as a Missionary-Volunteer of The Dream Center, 2301 Bellevue Ave., Los Angeles, CA 90026, represent and agree that:

- 1. I am a volunteer worker and not an employee of The Dream Center.
2. I am aware of the hazards and risks to my person and property associated with serving in a missions capacity, 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. I accept my assignment as a Missionary-Volunteer with full awareness of these risks, and, subject to any insurance coverage that may be available to me from any source, and I voluntarily assume all risks of death, injury, and illness associated with such risks, and any damage to my personal property, and I release The Dream Center and its agents, officers, directors, and employees from any liability whatever arising as a result of death, injury, or illness that I may suffer as a result of participation in the missions project. I further recognize that such risks have always been associated with missionary service. 2 Corinthians 11:23-28.
3. I attest and certify that I have no medical conditions that would prevent me from performing my duties as a Missionary-Volunteer.
4. I expressly waive any defense to the enforcement of any provision of this commitment arising from a claim of lack of consideration and warrant that this commitment constitutes a legal valid, and binding obligation upon me enforceable against me in accordance with its terms.
5. I am aware of the hazards and risks to my person associated with participation in The Dream Center as a Missionary-Volunteer, as described above. I further understand that The Dream Center may not have any insurance coverage that would apply in the event of my death, illness, injury, or damage to my property that may occur during my participation as a Missionary-Volunteer, and if I desire insurance coverage I am responsible for the cost of such insurance.
6. I expressly agree that this assumption of risk agreement is intended to be as broad and inclusive as permitted by law. I further state that I HAVE CAREFULLY READ THE FOREGOING ASSUMPTION OF RISK AND UNDERSTAND ITS CONTENTS, AND I VOLUNTARILY SIGN THIS RELEASE AS MY OWN FREE ACT. THIS IS A LEGAL DOCUMENT AND I UNDERSTAND THAT I HAVE THE OPPORTUNITY TO CONSULT WITH AN ATTORNEY BEFORE SIGNING IT.

Date \_\_\_\_\_ Signature \_\_\_\_\_
(Parent's if minor)
Address \_\_\_\_\_
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

IMPORTANT: Please have 2 witnesses observe your signature, and have them sign below. They must be at least 18, and should not be relatives.

Witness \_\_\_\_\_ Witness \_\_\_\_\_
Address \_\_\_\_\_ Address \_\_\_\_\_
City \_\_\_\_\_ City \_\_\_\_\_
State & Zip \_\_\_\_\_ State & Zip \_\_\_\_\_

# DREAMCENTER

## MEDICAL INFORMATION

NAME \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

PERSON TO NOTIFY, In case of Emergency:

NAME: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE (WORK) \_\_\_\_\_ TELEPHONE (HOME) \_\_\_\_\_

MEDICAL CONDITIONS \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

MEDICATION CURRENTLY TAKING \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

ANY KNOWN ALLERGIES \_\_\_\_\_

\_\_\_\_\_

BLOOD TYPE, if known \_\_\_\_\_

PHYSICIAN'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

TELEPHONE \_\_\_\_\_

MEDICAL INSURANCE OR MEDI-CAL \_\_\_\_\_

INSURANCE # \_\_\_\_\_

# DREAMCENTER

## PARENTAL CERTIFICATION, CONSENT AND RELEASE (MINOR PARTICIPATION)

I, \_\_\_\_\_ am the parent or legal guardian of (print minor's 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.

As a parent or legal guardian of (print minor's name) \_\_\_\_\_, I certify and affirm that I have been completely and thoroughly informed that as youth attending The Dream Center, my child will participate in certain activities which carry with them a degree of risk and danger.

Examples of risky and dangerous activities include, but are not limited to:

- |   |   |
|---|---|
| 1. Physical activities, both indoors and outdoors | 5. Travel by automobile                             |
| 2. Sports, both informal and organized            | 6. Activities in low-income and poverty communities |
| 3. Use of recreational equipment                  | 7. Evangelizing on Skid Row                         |
| 4. Ministry, both on and off campus               | 8. Construction and maintenance projects            |

I acknowledge and understand that The Dream Center may offer other activities. I acknowledge and understand that this PARENTAL CERTIFICATION, CONSENT AND RELEASE has the same force and effect regardless of whether the activities engaged in are free or if a fee is charged.

Further, I personally assume, on my child's behalf, all risk in connection with said activities for any harm, injury or damages that may befall my child as a result of my child's participation in the activities, whether foreseen or unforeseen, and I still wish to allow my child to proceed with the activities.

I acknowledge and agree that The Dream Center shall not be held liable in any way for any occurrence resulting directly or indirectly from these activities that results in injury, death, or any other damages to my child, me or my family, heirs or assigns. In consideration of my child being allowed to participate in these activities, on behalf of my child, I hereby personally assume all risk in connection with said activities, for any harm injury, or damage that may befall my child, me, or my family, heirs, assigns while engaged in such activities.

I understand that the terms herein are contractual and not mere recital; I have signed this document as my own free act. It is my intention by signing this document to exempt and release The Dream Center from all liability whatsoever for personal injury, property damage or wrongful death caused by negligence.

I further acknowledge and agree that my signature on this PARENTAL CERTIFICATION, CONSENT AND RELEASE shall constitute a bar to any recovery by my child, me, or my family, heirs, or assigns in all suits and actions that may be instituted against The Dream Center, its agents, servants or employees for injuries or death to my child, whether or not same resulted for the negligence of The Dream Center, its agents, servants, or employees, or due to the contributory negligence of my child.

I understand that it is my obligation to inform the management of The Dream Center of any and all health considerations or medical conditions that would restrict my child's participation in any and all activities involving The Dream Center or its programs.

I have fully informed myself of the contents of this PARENTAL CERTIFICATION, CONCENT AND RELEASE by reading it before I signed it.

Dated: \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_  
(signature of parent or guardian)

\_\_\_\_\_  
(type or print name)

# DREAMCENTER

## CONSENT FOR MEDICAL TREATMENT OF MINOR

I, \_\_\_\_\_ am the parent or legal guardian of  
\_\_\_\_\_ who was born on \_\_\_\_\_, 19\_\_\_\_\_.

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 consent to the examination or treatment of my child by a physician duly licensed to practice medicine in the State of \_\_\_\_\_ or any health care professional  
(California)  
duly licensed to provide health care services in the State of \_\_\_\_\_ for  
(California)  
medical care and services deemed necessary by \_\_\_\_\_, its  
agents, servants, and employees. (Dream Center)

I give permission to the Doctor or health care professional to provide any and all medical care they deem, in their professional opinion, to be necessary.

I understand and acknowledge that my permission and consent is sufficient for this purpose. I represent to \_\_\_\_\_ that no permission or  
(Dream Center)  
consent from any other person is required by law.

I agree to pay for any and all medical expenses incurred as a result of the use of this consent.

I understand that it is my obligation to inform the management of The Dream Center of any and all health considerations or medical conditions that would restrict my child's participation in any and all activities involving The Dream Center.

Dated: \_\_\_\_\_ 20\_\_\_\_\_.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Typed or Printed name)

Should the need for medical attention arise The Dream Center, Inc. will attempt to contact you, as soon as practicable under circumstances.