

**Release of Liability and Permission Form  
EXIT39 – An Intensive Poverty Simulation**

Whereas, the undersigned participant wishes to be accepted for participation in the activity listed above, which is organized by EXIT39, of League City, Texas, and regarding EXIT39's action in allowing the applicant to participate in such an activity, the undersigned acknowledges that the activity does involve certain risks. The activities are designed to allow the participant to broaden their understanding of various Christian values, socioeconomic differences, ethnic and racial diversity, cultural appreciation, team building, character development, and/or enrichment opportunities. These activities include those listed above, but are not limited to, and activities in a lower-income neighborhood and among poor people in Houston, Texas and other communities.

I understand that participants are exposed to physical and psychological risk through elements of nature, travel by car, van, plane, walking, or other conveyance and direct contact with people from various backgrounds. Risks may also include damage or loss of personal property. I further understand that immediate medical treatment may be difficult or delayed. Risks may also include physical injury and/or strenuous physical activity during activities.

In consideration of the above, I have and do hereby assume all the above risks and any other ordinary risks incidental to the nature of the program, including risks which are specifically foreseeable, and will hold harmless and indemnify EXIT39, its employees, agents, and/or associates from any and all liability. The terms hereof, and my signature on this document shall serve as a release and assumption of risk, and shall bind my heirs, representatives, executors, administrators, successors and assigns for all members of my family, including any minors accompanying me. I also state that I am not under, and will not be under the influence of any nonprescribed chemical substance, including alcohol. I also state that I will assume responsibility for any damage or loss to physical property or expenses incurred due to negligent or irresponsible behavior. I understand that my participation in this activity is entirely voluntary.

My signature also gives my permission and accepts financial responsibility, as well, for first-aid treatment and/or professional medical attention if needed. I also give permission for the photographing of myself or my child during the activities and use of those pictures or videos by EXIT39.

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature  
(For any participant under age 18)

\_\_\_\_\_  
Date

**Please print legibly. Each participant must complete this section:**

Participant Name: \_\_\_\_\_

Shirt Size (Circle One): S M L XL XXL

Age: \_\_\_\_\_ Phone: \_\_\_\_\_

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

City/State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Contact's Relationship to Participant: \_\_\_\_\_