



## Release of Liability Statement

# Native Works of Lakota Training and Leadership Institute

### 1. Participant's Information

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

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

Church Name: \_\_\_\_\_

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

### 2. Liability Release

In consideration for Lakota Training and Leadership Institute ("LTLI") allowing me to participate in its activities, I agree as follows:

- a. This agreement, waiver and release applies to LTLI and to LTLI's affiliated Depts, committees, employees, predecessors, successors, attorneys, insurers, members and volunteers who are working in the course and scope of their duties on behalf of LTLI, including its affiliated Depts, at the time of occurrence of any act or omission which is later alleged to be a cause or contribution to a claim for injury, damages or death ("Released Parties");
- b. I forever release, hold harmless and indemnify Released Parties from liability for any and all claims, demands, causes of action, damages, injuries or death to me, my minor children, my house and my property, and legal liability of every nature, including the negligent acts or omissions of any Released Parties, whether known or unknown, present or future LTLI activities (including work activities, use of, or being near, crises, whether locally or out of state) and I assume all risks of injury or death as set forth in this release;
- c. I shall not bring any lawsuit, action or proceeding against any Released Parties, even if they engage in negligent conduct; and
- d. I make this agreement, waiver and release for and on behalf of myself or my successors, or in the case of a minor I do same as a parent.

### 3. Activity Risk

I understand that some LTLI activities take place in isolated or dangerous areas over rough terrain, and/or areas of unknown condition and others take place on land or in facilities owned and managed by others from whom such land facilities are borrowed or rented. I understand that the organizers, workers, volunteers and members involved in LTLI mission activities are not professionals in all areas that they may lead in. I am aware that there are numerous obvious and non-obvious inherent risks of serious injury or death, or property damage, to me or my assets, which are always present in LTLI mission services. I understand that pregnant women are specifically advised not to participate. I understand that LTLI is a non-profit organization whose primary purpose is to spread the Gospel of Christ.

**① I certify that I am 18+ years of age (or) if under 18 – parent recognizes and agrees with all conditions of this liability statement. ② I understand that we are doing labor work out in the community at this time \_\_\_\_\_ Initial please**

*(SIGNATURES BELOW RECOGNIZE AND ACCEPT ALL OF THE ABOVE TERMS AND CONDITIONS)*

\_\_\_\_\_  
Name Signature Date

Parent Name (if applicable) \_\_\_\_\_ Date: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_