AYAH ASHER AYAH: I Will Be, What I Will To Be

RELEASE OF LIABILITY: The West Ohio AIDS Task Force offers a Healing Weekend with a variety of services and voluntary activities designed to enrich the weekend. These services and voluntary activities may include, without limitation, the provision of food, lodging and transportation, as well as the sponsorship of challenging spiritual and educational activities. Both participants and staff members (including volunteers) may have the opportunity to participate in one or all of these activities.

While each Healing Weekend will endeavor to assure the safety of its participants and staff members, there may be unavoidable risks of injury—or even death—associated with the West Ohio AIDS Task Force events and its related services and activities. Consequently, this Release of Liability must be signed before anyone may attend a weekend as either a participant, volunteer or staff member. If you are a prospective participant under eighteen years of age, one of your parents or legal guardians must sign this Release of Liability. Participants are encouraged to consult an attorney if you have any questions about this Release of Liability.

I understand that my participation in the Healing Weekend and its activities and receipt of services is voluntary. In consideration of attending a Healing Weekend as a participant, volunteer, or staff member, I expressly assume the risks of such attendance. Further, for myself and on behalf of my executors, administrators and heirs, I release and hold the West Ohio Conference of The United Methodist Church and the West Ohio AIDS Task Force including the owners, trustees, officers, employees, agents and volunteers of these entities, harmless from any and all claims or suits arising in any way from injury to my person or property or my death caused by the negligence of these entities and/or individuals while in attendance at a Healing Weekend.

In consideration of my child's (13-17 years only) attendance at a Healing Weekend as a participant, I, for myself and on behalf of my minor child and our executors, administrators and heirs, release and hold the West Ohio Conference of The United Methodist Church and the West Ohio AIDS Task Force including the owners, trustees, officers, employees, agents and volunteers of these entities, harmless from any and all claims or suits arising in any way from injury to my child or his or her property or his or her death caused by the negligence of these entities and/or individuals from my child's attendance at a Healing Weekend.

CANCELLATION: I understand that while my basic room and board for the Healing Weekend are covered by my registration fee, I am responsible for paying any additional charges that I incur. If I need to cancel, I agree to contact the Registration Coordinator listed on this application by the registration deadline or I will forfeit my registration fee. Failure to notify the Registration Coordinator of my plans to cancel or failure to attend the Healing Weekend without notification may jeopardize future attendance.

COVENANT OF CONFIDENTIALITY: I understand and agree that I, and all other participants, presenters, and organizers of this event will protect the confidentiality of all participants of this Healing Weekend. I will not disclose the names of any participants to anyone not attending this weekend without the participant's direct permission. Further, I understand and agree that personal photography (photographs taken by me or other participants or presenters) will only take place with the permission of the person being photographed, and that such personal photographs are not permitted to appear in any publication or presentation of any kind.

MEDICAL RESPONSIBILITY: I understand that the West Ohio AIDS Task Force does not assume responsibility for meeting my medical needs and I understand that there will not be a health-care professional present during the Healing Weekend. I understand that, if necessary, I will be transported to the nearest and/or most appropriate medical facility for treatment and that the cost of such transportation and treatment is my responsibility.

IMPORTANT RULES: The use and consumption of alcohol and/or narcotic drugs, theft, disruptive behavior or violation of Healing Weekend rules will not be permitted during the Healing Weekend. Those in violation of this rule will be asked to leave the premises and the event and will not be permitted to return. No refund in participant fees will be given.

By signing below, I, (print appropriate name neatly) ___________________________________________ acknowledge and agree that I have read and I understand the risks summarized above, and I acknowledge and agree to the following.

I have read the Release of Liability, the Covenant of Confidentiality, the Medical Responsibility and the Important Rules agreements. I fully understand them, will abide by them, and by my signature below, agree to them.

NOTE: All persons 18 years of age or older MUST sign below. If under 18, parent or guardian must sign as well.

_____________________________ Date ________________
Participant's Signature

_____________________________ Date ________________
Parent/Guardian's Signature
RELEASE OF LIABILITY: The West Ohio AIDS Task Force offers a Healing Weekend with a variety of services and voluntary activities designed to enrich the weekend. These services and voluntary activities may include, without limitation, the provision of food, lodging and transportation, as well as the sponsorship of challenging spiritual and educational activities. Both participants and staff members (including volunteers) may have the opportunity to participate in one or all of these activities.

While each Healing Weekend will endeavor to assure the safety of its participants and staff members, there may be unavoidable risks of injury— or even death—associated with the West Ohio AIDS Task Force events and its related services and activities. Consequently, this Release of Liability must be signed before anyone may attend a weekend as either a participant, volunteer or staff member. If you are a prospective participant under eighteen years of age, one of your parents or legal guardians must sign this Release of Liability. Participants are encouraged to consult an attorney if you have any questions about this Release of Liability.

I understand that my participation in the Healing Weekend and its activities and receipt of services is voluntary. In consideration of attending a Healing Weekend as a participant, volunteer, or staff member, I expressly assume the risks of such attendance. Further, for myself and on behalf of my executors, administrators and heirs, I release and hold the West Ohio Conference of The United Methodist Church and the West Ohio AIDS Task Force including the owners, trustees, officers, employees, agents and volunteers of these entities, harmless from any and all claims or suits arising in any way from injury to my person or property or my death caused by the negligence of these entities and/or individuals while in attendance at a Healing Weekend.

In consideration of my child’s (13-17 years only) attendance at a Healing Weekend as a participant, I, for myself and on behalf of my minor child and our executors, administrators and heirs, release and hold the West Ohio Conference of The United Methodist Church and the West Ohio AIDS Task Force including the owners, trustees, officers, employees, agents and volunteers of these entities, harmless from any and all claims or suits arising in any way from injury to my child or his or her property or his or her death caused by the negligence of these entities and/or individuals from my child’s attendance at a Healing Weekend.

CANCELLATION: I understand that while my basic room and board for the Healing Weekend are covered by my registration fee, I am responsible for paying any additional charges that I incur. If I need to cancel, I agree to contact the Registration Coordinator listed on this application by the registration deadline or I will forfeit my registration fee. Failure to notify the Registration Coordinator of my plans to cancel or failure to attend the Healing Weekend without notification may jeopardize future attendance.

COVENANT OF CONFIDENTIALITY: I understand and agree that I, and all other participants, presenters, and organizers of this event will protect the confidentiality of all participants of this Healing Weekend. I will not disclose the names of any participants to anyone not attending this weekend without the participant’s direct permission. Further, I understand and agree that personal photography (photographs taken by me or other participants or presenters) will only take place with the permission of the person being photographed, and that such personal photographs are not permitted to appear in any publication or presentation of any kind.

MEDICAL RESPONSIBILITY: I understand that the West Ohio AIDS Task Force does not assume responsibility for meeting my medical needs and I understand that there will not be a health-care professional present during the Healing Weekend. I understand that, if necessary, I will be transported to the nearest and/or most appropriate medical facility for treatment and that the cost of such transportation and treatment is my responsibility.

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I have read the Release of Liability, the Covenant of Confidentiality, the Medical Responsibility and the Important Rules agreements. I fully understand them, will abide by them, and by my signature below, agree to them.

NOTE: All persons 18 years of age or older MUST sign below. If under 18, parent or guardian must sign as well.