

Indemnification and Hold Harmless Agreement and Release

I, the undersigned, and caregiver and/or guardian of _____ (the "Participant") hereby acknowledge the inherent risks and challenges associated with the care of the Participant while in the care of the Shepherd's Place program administered and operated by the Fairhope United Methodist Church and the Shepherd's Place Foundation (the "Program"). Recognizing such risks and challenges, I hereby indemnify and agree to hold harmless and release Fairhope United Methodist Church and Shepherd's Place Foundation, and their employees, members, directors, committee members, advisory board members, volunteers, and successors and assigns, free, clear and harmless from any and all liability, damages, claims and suits associated with the care of the Participant while involved and participating in the activities of the Program. I hereby assume responsibility for all medical costs that the Participant may incur while in the Program. Participant and/or the undersigned shall be responsible for any and all damages to property or persons while participating in the Program. In addition, as a condition to the Participant being allowed to participate in the Program, I shall have the physician's release statement completed and returned within seven (7) days of the Participant's first attendance in the Program.

Caregiver/Guardian

Date