

Release of Liability Form
The Women's Advocacy Center

Dear Client/Staff/Volunteer,

By signing this form, I understand and agree to the following:

1. **Assumption of Risk:** I acknowledge that activities, events, and outings hosted or sponsored by The Women's Advocacy Center may involve inherent risks, including, but not limited to, physical injury, emotional distress, or unforeseen circumstances. I knowingly and voluntarily assume these risks for myself and any dependents. I voluntarily participate in activities, events, and outings hosted or sponsored by The Women's Advocacy Center.
2. **Medical Authorization:** In the event of an emergency while participating in activities, I authorize The Women's Advocacy Center to secure necessary medical treatment for myself and/or my children. I understand that I am responsible for any medical expenses incurred.
3. **Release of Liability:** I release and hold harmless The Women's Advocacy Center, its staff, volunteers, and affiliates, from any claims, liabilities, or damages arising from my participation in activities, events, outings, or presence on the property.
4. **Revocation of Liability:** I understand that I may revoke my participation and related liability agreement at any time by submitting a written request to The Women's Advocacy Center.
5. **Acknowledgment of Policies:** I agree to abide by the policies and guidelines established by The Women's Advocacy Center while on the premises or participating in activities. I accept full responsibility for the safety and well-being of myself and my children while on the premises or participating in activities.

Full Name: _____

Signature: _____

Date: _____

Emergency Contact Information: _____

If you have any questions or concerns, please contact us at 901-896-9055. Or you may contact our Communications and Marketing Coordinator, Ivy Johnson, at ivy@womensac.org.

Thank you for your support!

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