

Discipleship School of Ministry

ADMISSION AGREEMENT

I, _____ understand that, as a condition of acceptance into the Discipleship School of Ministry (DSM), I must abide by all rules and regulations of the school. I understand that it is my responsibility to know and understand the rules and regulations, as they apply to me, and that if I violate any of these rules I may be terminated from this school and required to leave the DSM. I understand that any questions regarding rules and regulations can be directed to the school director. Furthermore, I acknowledge the DSM is not a licensed treatment facility.

Additionally, I agree that the DSM is not responsible for administering any medical treatment that I may need or am currently receiving. I agree that in the event medical treatment is required, I may have to pay for the medical treatment and provide documentation from the treating physician of the nature of the treatment and the dates and times of any appointments.

The DSM will provide my room and board to help me focus on the school curriculum. However, any personal items kept by me are done so at my own risk. I understand that if I leave or am dismissed from the DSM, any and all personal property left at the facility will be held for twenty-four (24) hours, after which they are expressly donated to the school to do with as they see fit.

I understand that the DSM will not house sex offenders. Background checks will be given to all new members. If the background check is refused by an applicant, admission into the DSM will be denied. I hereby give my consent for the DSM to perform a background check of my criminal history in any and all jurisdictions. I acknowledge that if anything of that nature described above is found, my enrollment into the school will be denied or terminated as applicable.

I come to the DISCIPLESHIP SCHOOL OF MINISTRY (DSM) voluntarily and of my own free will. I come asking for help with my spiritual growth in Christ. I understand that the DSM is a place of spiritual healing and restoration, and that the possession of any illegal contraband or illegal controlled substances is not permitted in this school.

I understand that the DSM is not responsible for any personal injuries, sickness, accidents, acts of God, or other similar incidents during or after my being in the school or traveling in their vehicles. I also understand that the DSM is not responsible for theft, damage, or loss of any personal property in any way.

I give the DSM permission to search my property upon arrival and at any time during my stay.

I understand that the DSM is a full-time commitment and that I will not be allowed to seek outside employment without the full consent of the school's director during the Phase 1 part of the program.

I understand that any fighting, stealing, or use of obscene language (as determined by the DSM leaders and staff) may be grounds for automatic dismissal from the program.

I understand that participation in this program is voluntary and that either the DSM or I may terminate my stay in the school at any time without cause.

I understand that if I choose to leave the school, I will have to wait a minimum of 30 days before I may apply for the program again. If I am expelled from the school, I will have to wait a minimum of 45 days before I can appeal the decision and apply for re-entry. This will be a case-by-case scenario.

I have read and understand the above agreement and hereby agree to comply with the rules and regulations set forth by the DSM. I also understand that any violation of the rules and regulations may result in loss of privileges and/or expulsion from the DISCIPLESHIP SCHOOL OF MINISTRY.

Date

Date

Student Printed Name

Printed Name of Witness/Director

Student Signature

Signature of Witness/Director

Liability Release and Waiver

1. I, the undersigned, am at least 18 years of age and desire to participate in the Discipleship School of Ministry program housed at San Antonio Christian Church. This program has been explained to me and I fully understand and appreciate the dangers, risks and hazards that may arise from my participation in the activities of this program. These dangers, risks and hazards can result in injury and impairment to my body, general health, well-being, property damage and could include serious or even fatal injuries.
2. Knowing the dangers, hazards, and risks of the program's activities and in consideration of being permitted to participate in the program, on behalf of myself, my family, my spouse, heirs, next of kin and personal representative(s) (the "Releasors"), I agree to assume all the risks and responsibilities surrounding my participation in the Discipleship School of Ministry's program. On behalf of myself and the Releasors, I hereby covenant not to sue the San Antonio Christian Church nor the Discipleship School of Ministry, or its trustees, officers, representatives and employees ("Releasees") and I hereby release, waive, forever discharge the Releasees from and against any and all liability for any harm, injury, damage, claims, demands, actions, causes of action, costs, and expenses of any nature that I may have or that may hereafter accrue to me or a Releasor, arising out of, or related to, or in relation to the DSM and/or associated with San Antonio Christian Church including but not limited to any volunteer activities, or community events or leagues, using the facility and its equipment practicing and or engaging in church functions, philanthropic activities, other nonprofit or for profit engagements or functions and fundraisers or other related activities on and off the premises, provided that this waiver of liability does not apply to any acts of gross negligence or intentional, willful or wanton misconduct of Releasees or otherwise. I further agree to indemnify and hold harmless and forever discharge the Releasees from any and all claims, demands, debts, contracts, expenses, causes of action, lawsuits, damages and liabilities, of every kind and nature, whether known or unknown in law or equity, that I ever had or may have, arising from or in any way related to my participation in any of the events or activities conducted by, on the premises of, or for the benefit of the Releasees. It is my expressed intent that this **Liability Release and Waiver** shall bind me, the members of my family and spouse, if I am alive, and my estate, family, heirs, administrators, personal representatives, or assigns, if I am deceased, and shall be deemed as a legally binding release, waiver, discharge, and covenant not to sue the Releasees.
3. I agree to conduct myself in accordance with the rules of conduct and standards of behavior that are expected of me as a student of the DSM and to abide by the various instructions and guidance I am given by the DSM or by a Program Director designated by the DSM.
4. The provision of this **Liability Release and Waiver** will continue in full force and effect even after the termination of the activities conducted by, on the premises of, or for the benefit of San Antonio Christian Church and the DSM, whether by agreement, by operation of law, or otherwise.

5. I have read, understand, and fully agree to the terms of this **Liability Release and Waiver**. I understand and confirm that by signing this **Liability Release and Waiver** I have given up considerable future legal rights. I have signed this Agreement freely, voluntarily, under no duress or threat of duress, without inducement, promise or guarantee being communicated to me. My signature is proof of my intention to execute a complete and unconditional **Liability Release and Waiver** of all liability to the full extent of the law. I am 18 years of age or older and mentally competent to enter into this waiver.

THIS IS A LEGAL AGREEMENT AND INCLUDES A RELEASE OF LEGAL RIGHTS, READ AND BE CERTAIN YOU UNDERSTAND IT BEFORE SIGNING.

Date

Date

Student Printed Name

Printed Name of Witness/Director

Student Signature

Signature of Witness/Director