



## WAIVER OF LIABILITY RELEASE FORM

The undersigned acknowledges and agrees that:

1. The risk of injury from the activities involved can be significant, including but not limited to the potential for permanent paralysis and death, serious injury to internal organs, musculoskeletal injuries and possible impairment to my general health and well-being.
2. I knowingly and freely assume all responsibility for any risk of loss, property damage or personal injury that may be sustained by me, or any loss or damage to property owned by me, as a result of my use of the church facilities.
3. I further agree to release and hold harmless Calvary Baptist Church and its agents and employees from all claims and liabilities of any type whatsoever and for damages to, loss or destruction of any property or injury, sickness or death, which I now have or which may arise in the future in connection with the church activity or participation in any other associated activities on or off the church campus including transportation to/from activities.
4. I willingly agree to comply with church's rules and regulations.
5. I acknowledge that I am in good physical condition and do not know of any condition or reason that I should not participate in church's activities.
6. I understand that a medical examination to assure myself of physical fitness is desirable, that obtaining such an examination is my own responsibility.

In signing this release, I acknowledge and represent that I read the foregoing Waiver of Liability Form, understand it, and sign it voluntarily as my own free act and deed. I am at least eighteen (18) years of age and fully competent. If under 18, my parent or guardian shall also sign.

### Adults (18 and over):

\_\_\_\_\_

**Print Full Name**

\_\_\_\_\_

**Signature**

\_\_\_\_\_

**Date**

**Emergency Contact Name(s):** \_\_\_\_\_

**Emergency Contact Phone(s):** \_\_\_\_\_

Participant or *parent/guardian of participant* is responsible to let the church know of any emergency contact changes.

### **Only for participants of Minority Age (17 and under):**

This is to certify that I, as **parent/guardian** with legal responsibility for this participant, do consent and agree to his/her release as provided above.

**Print Participant's Full Name:** \_\_\_\_\_

\_\_\_\_\_

**Print Parent/Guardian Name**

\_\_\_\_\_

**Parent/Guardian Signature**

\_\_\_\_\_

**Date**

THIS FORM IS VALID FROM DATE OF SIGNATURE FORWARD AND THERE IS NO EXPIRATION DATE.