

Calvary Chapel Caldwell

ACCIDENT WAIVER AND RELEASE OF LIABILITY

This Accident Waiver and Release of Liability (the "Release") is executed by

Parent's Name _____

on behalf of (list all members of your family who will attend the Activity, including yourself):

_____ ("Participant").

In consideration for the Participant being permitted to participate in

(event name) _____ (the "Activity"), the undersigned does hereby release, waive, and forever discharge Calvary Chapel Caldwell, its controlling persons/entities, successors, affiliates, assigns, shareholders, members, managers, directors, officers, employees, agents or representatives (collectively, the "Company") from and against any and all liability for any harm, injury, damage, claims, demands, actions, causes of action or costs and expenses of any nature for which Participant may have or which may hereafter accrue to the Participant, arising out of or related to any loss, damage, or injury, including but not limited to suffering, pain, disability and severe injury (including death), that may be sustained by Participant in conjunction with Participant's involvement in the Activity.

Participant has signed this Release in full recognition and appreciation of the dangers, hazards and risks involved with the Activity. Participant further attests and Participant's Parent/Guardian agrees that the Participant has individually assumed the risks involved with this Activity.

Participant understands and acknowledges that this Release is binding on Participant and Participant's family, estate, heirs, administrators, representatives and assigns. Participant further agrees to hold harmless, indemnify and defend the Company from any claim by Participant or Participant's family arising out of Participant's involvement in the Activity.

Participant and Participant's Parent/Guardian agree that the Company is granted permission to seek and obtain emergency medical treatment, if necessary, and that such action by the Company does not constitute any assumption of responsibility by the Company for any injury or damage, which might arise out of or in connection with such authorized emergency medical treatment.

Participant certifies that she/he is physically fit and in good health and has not been advised otherwise by any qualified medical personnel. Participant is not aware of any health-related reasons or problems, which would preclude or restrict Participant's ability to take part in the Activity. Participant understands that if she/he is under the age of 18, they will not be allowed to leave before the event is over without verbal parental permission to the event overseer.

If any term or provision of this Release shall be held illegal, or unenforceable, or in conflict with any law governing this Release, the validity of the remaining portions shall not be affected.

Parent/Guardian Signature: _____

Participant's

Address: _____

City: _____ State _____ Zip Code _____

Phone #: _____

Date: _____