

PERMISSION RELEASE FORM PARTICIPANT/PARENT/GUARDIAN WAIVER AND INDEMNITY AGREEMENT

I, _____ ("Participant") desire to participate in activities and events in association with CALVARY BAPTIST CHURCH.

In consideration of CALVARY BAPTIST CHURCH's permitting me to participate in the Activities and events, I hereby, for myself and my heirs, executors, and administrators, forever waive and release any and all rights and claims for damages that I may have, or may in the future have, against CALVARY BAPTIST CHURCH, or any of its officers, employees, volunteer staff members and other representatives (collectively "Releasees") for injury, death, or property damage related to my participation in the Activities, or the negligence or other acts, whether directly connected to the Activities or not, and however caused, by any Releasee. By signing below, I acknowledge and accept the risks of physical injury associated with participation in the Activities. I accept personal financial responsibility for any bodily or personal injury sustained during all Activities.

I warrant that I have the right to authorize the foregoing and do hereby agree to hold the Releasees harmless from and against any and all liability of whatever nature which may arise out of or result from my participation in the Activities.

I hereby grant to CALVARY BAPTIST CHURCH permission to take photographs, digital images and videos of me ("Images"), and to display such Images at CALVARY BAPTIST CHURCH and to include such Images on non-commercial informational brochures, DVDs, website Social Media, videos and similar media and materials;

If the Participant is under the age of 18, the following covenants are made by the below-named Parent/Guardian: For the consideration stated above, I agree to the foregoing terms and conditions on behalf of the Participant, and I further agree that in the event that the Participant or I should make any claim against any of the Releasees for damages arising out of the Activities, I will personally indemnify, defend, and hold harmless the Releasees, and their respective agents, employees, representatives, heirs, executors, administrators, successors and assigns, against any and all loss and damage occasioned thereby, including attorney's fees. If a dispute over this agreement or any claim for damages arises, I agree to resolve the matter through mutually acceptable arbitration.

I have read and understood this Agreement and have willingly placed my signature below as evidence of my acceptance of all the terms and conditions contained herein.

I also grant my permission for me to receive medical treatment deemed necessary by a licensed physician.

Printed Name of Participant: _____

Signature of Participant: _____

Date: ____/____/____

***Please continue to reverse side.**

If the Participant is under the Age of 18, this agreement must be signed by a Parent or Guardian:

The undersigned Parent/Guardian hereby acknowledges and agrees that (i) the Participant has my permission to participate in the Activities, (ii) I have read and understood this agreement and have willingly placed my signature below as evidence of my acceptance of all the terms and conditions contained herein and (iii) I grant permission for the Participant to receive medical treatment deemed necessary by a licensed physician.

Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____

Relationship to Participant: _____

Date: _____

Required Information:

Name of Participant: _____ Date of Birth: _____

Address: _____

Phone: _____ Name of Emergency Contact: _____

Emergency Phone Numbers: _____

Allergies: _____

Insurance Company _____ Policy # _____

Insurance Phone # _____ Contact Within _____ hours

SPECIAL INSTRUCTIONS: