



## ASSUMPTION OF RISK AND WAIVER OF CLAIM

Note: This form is for use the parents of a minor (under 18) participating in an activity of Stafford Crossing where your child will be transported in a vehicle with a driver other than yourself.

I, \_\_\_\_\_ [parent of] \_\_\_\_\_ [name of participant], allow my child to participate in the Soccer Nights Mission trip to Greensboro, North Carolina. I understand in the event of an accident all insurance claims would be against the insurance of the driver of the vehicle and not Stafford Crossing Community Church.

I understand the driver has completed a background check as well as a DMV driving check attesting to their driving record. They have also provided proof of insurance coverage.

I hereby expressly assume the risk of any physical injury or other loss (including death). I also expressly waive and covenant not to sue on any claim I might have against Stafford Crossing Community Church or the officers and employees thereof which might be sustained as a result of participation in this activity and transportation related thereto.

**I HAVE CAREFULLY READ THE FOREGOING ASSUMPTION OF RISK AND WAIVER OF CLAIM. I UNDERSTAND ITS CONTENTS, AND I VOLUNTARILY SIGN THIS RELEASE AS MY OWN FREE ACT. THIS IS A LEGAL DOCUMENT AND I UNDERSTAND THAT I HAVE THE OPPORTUNITY TO CONSULT WITH AN ATTORNEY BEFORE SIGNING IT.**

### PLEASE READ CAREFULLY BEFORE SIGNING

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Address \_\_\_\_\_

**IMPORTANT:** Please have two (2) witnesses observe your signature and have them sign below. They must be at least 18, and should not be relatives.

Witness: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Witness: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_