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Name of activity

Date

### Waiver, Release and Indemnification Agreement

I wish to participate in the activity listed above and offered by Central Presbyterian Church (CPC), as well as any and all associated activities including activities that may be hazardous or otherwise involve a risk of physical injury, property damage, or death to the participants (the "Activities").

I expressly assume any and all risks of injury, damage, or death arising from or relating to the Activities and waive and release any and all actions, claims, suits or demands of any kind or nature whatsoever against CPC, its corporate affiliates, contractors, vendors, officers, agents, sponsors, volunteers or representatives of any kind (collectively "Releasees") arising from or relating in any way to my voluntary participation in these activities. I understand that this Waiver, Release and Indemnification agreement means, among other things, that if I am injured or die as a result of my participation in these activities, I, and/or my family or heirs cannot under any circumstances sue Releasees or any of them for damages relating to or caused by my injuries or death.

I also grant permission for any of the Releasees to seek medical attention they deem necessary. I release the Releasees from all liability for injury or personal loss caused by this attention. In the event that I am injured and require the attention of a doctor, I consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital or medical personnel designated of the Releasees, I agree to hold them free and harmless of any claims, demands or suits for damages. I also acknowledge that I will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider listed on this form (see reverse).

I agree to indemnify Releasees or any of them, and their subrogees, if any, in the event of any loss, damage or claim arising from or relating in any way to my participation in any of the Activities.

I also hereby grant permission to CPC the right to use, reproduce, and/or distribute photographs, films, video-tapes, and sound recordings of myself, without compensation or approval rights, for use in materials created for purposes of promoting CPC, its programs and activities.

I have read this Waiver, Release and Indemnification Agreement, have asked and received answers to any questions I had concerning its meaning and execute it freely, without duress, and in full complete understanding of its legal effect, and of the fact that it may affect my legal rights.

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

Print Name: \_\_\_\_\_

#### FOR PARTICIPANTS UNDER THE AGE OF 18

I am the parent or legal guardian of the child whose name and signature appear above. I have read and understand this Waiver, Release and Indemnification Agreement, and consent on behalf of the Participant to all of its terms.

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

Print Parent Name: \_\_\_\_\_

## Waiver, Release and Indemnification Agreement

Participant Name: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

Phone # (home): \_\_\_\_\_ Cell # (parent): \_\_\_\_\_

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

Medical Insurance Provider: \_\_\_\_\_ Policy #: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Mother's Work #: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Father's Work #: \_\_\_\_\_

Alt. Emergency Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_

### Section I. Medical Information

1. Please describe in detail any physical, psychological or other impairment of which CPC staff should be aware and what protective action, if any, is required during this event: **None**

\_\_\_\_\_

\_\_\_\_\_

2. Please list any medication the participant is taking now (or will be taking at the time of this event): **None**

\_\_\_\_\_

3. Please list anything to which the participant is allergic (e.g. food, drugs, pollen, etc.): **None**

\_\_\_\_\_

\_\_\_\_\_

4. Please indicate whether the participant suffers from or has ever experienced any of the following: **None**

\_\_\_ asthma    \_\_\_ epilepsy/seizure disorder    \_\_\_ heart trouble    \_\_\_ freq. stomach upset

\_\_\_ diabetes    \_\_\_ physical handicap

5. Date of participant's last tetanus shot \_\_\_\_\_ **None**

6. The participant wears: \_\_\_ eyeglasses    \_\_\_ contact lenses **None**

7. Please list and explain any major illnesses the participant experienced during the last year: **None**

\_\_\_\_\_

\_\_\_\_\_

8. Please list and explain any other reasons the participant's activities should be restricted: **None**

\_\_\_\_\_

\_\_\_\_\_