

**RELEASE AND WAIVER OF
LIABILITY AGREEMENT**

I, ("Participant"), acknowledge that I voluntarily seek to use the following facilities or services, or participate in the following activities of Grace Christian Fellowship, PCA, Inc. ("Grace"):

(Description of facilities, services or activities, which Participant will use or in which Participant will participate)

I AM AWARE THAT WHILE GRACE HAS ATTEMPTED TO MAKE THESE FACILITIES, SERVICES AND ACTIVITIES AS SAFE AS IS REASONABLY POSSIBLE, THE USE OF THESE FACILITIES OR SERVICES, OR THE PARTICIPATION IN THESE ACTIVITIES, CAN BE HAZARDOUS ACTIVITIES AND THAT I COULD BE SERIOUSLY INJURED OR EVEN KILLED. I AM VOLUNTARILY USING THESE FACILITIES OR SERVICES OR PARTICIPATING IN THIS ACTIVITY WITH KNOWLEDGE OF THE DANGER INVOLVED, AND AGREE TO ASSUME ANY AND ALL RISKS OF BODILY INJURY, DEATH OR PROPERTY DAMAGE, WHETHER THOSE RISKS ARE KNOWN OR UNKNOWN.

I verify this statement by placing my initials here: _____ Parent or Guardian's initials (if under 18): _____

As consideration for being permitted by Grace to use the facilities or services, or participate in the activities listed above, I forever release, waive, absolve, indemnify, and agree to hold harmless Grace and its directors, officers, employees, volunteers, agents, contractors, and representatives (collectively "Releasees") from any and all actions, claims, or demands that I, my assignees, heirs, distributees, assigns, guardians, next of kin, spouse and legal representatives now have, or may have in the future, for injury, death, or property damage, related to (i) my use of these facilities or services or participation in these activities, (ii) the negligence or other acts, whether directly connected to these facilities or services or activities or not, and however caused, by any Releasee, or (iii) the condition of the premises where these facilities are located, these services occur and these activities occur, whether or not I am then participating in the facilities, services or activities.

I also agree that I, my assignees, heirs, distributees, assigns, guardians, next of kin, spouse and legal representatives will not make a claim against, sue, or attach the property of any Releasee in connection with any of the matters covered by the foregoing release.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND GRACE, AND SIGN IT OF MY OWN FREE WILL.

If Signed on Participant's behalf by Parent or Guardian: I verify that the dangers of the activities and the significance of this Release and Waiver were explained to the Participant and that the Participant understood them, and further, that I execute this with full legal authority to grant the release granted herein on behalf of the Participant.

Executed at Mills River, North Carolina, on _____, 201__ .

PARTICIPANT/RELEASOR

PARENT OR GUARDIAN

Signature

Signature

Address:

Address:

IF YOU ARE UNDER 18 YEARS OF AGE, YOU AND YOUR PARENT OR GUARDIAN MUST SIGN AND INITIAL THIS FORM WHERE INDICATED.

IF THE ACTIVITY INVOLVES TRAVEL AWAY FROM WESTERN NORTH CAROLINA, THIS FORM MUST INCLUDE THE GRACE MEDICAL INFORMATION/CONSENT TO TREATMENT FORM.

GRACE MEDICAL INFORMATION/CONSENT TO TREATMENT FORM

Grace Christian Fellowship, PCA, Inc. ("Grace")
495 Cardinal Rd, Mills River, NC 28759 – 828.891.2006

Participant's Full Name: Birth Date: Grade:
Address: City, State, ZIP:
Home/Cell Phone: Emergency Contact Name and Phone:
Email: Social Security Number (used only if required for medical attention):

Known Allergies (specific medicine, food, etc.) -

Any special dietary or physical constraints or needs –

List any medication being taken -

Date of last tetanus shot –

Family physician -
Address: City, State, ZIP:

Name of health insurance carrier - Phone number of insurance carrier –

Policy number -

Other policy identification number of the policy member (i.e. parent) -

CONSENT TO MEDICAL TREATMENT FOR MINORS

I hereby give consent to emergency medical treatment for my child to be secured by the activity or event sponsor or designated staff members of Grace. I understand that I will be notified as promptly as possible in the event of an emergency.

Signature of adult participant or parent/guardian: _____ Date: _____

Check here if you do not want the Participant's picture published online or otherwise in connection with publicity for this event or Grace.

ACKNOWLEDGEMENT BY LEGALLY RESPONSIBLE ADULT BEFORE NOTARY REQUIRED

State of _____ County of _____

I, _____, a Notary Public for said County and State, do hereby certify that _____ personally appeared before me this day and acknowledge the due execution of the foregoing instrument. Witness my hand and official seal, this _____ day of _____, 20____.
(official seal)

Notary Public
My commission expires :

