

CALVARY CHAPEL  SAN DIEGO
CALVARY CHRISTIAN ACADEMY
Simply Jesus • Superior Academics • Servant Leadership

RELEASE AND WAIVER OF LIABILITY FORM

I, the undersigned, will be participating as a **VOLUNTEER** (hereafter the "activity") at Calvary Chapel San Diego (CCSD) on or about _____ to _____, 20____.

I recognize that there are risks involved in participating in this activity and hereby assume all risk of injury, harm, damage, or death in connection with my participation in this activity. I understand and agree that neither CCSD nor its trustees, officers, directors, employees, agents or representatives may be held liable in any way for any injury, harm, damage, or death that may occur to me as a result of my participation in this activity and hereby release CCSD, its trustees, officers, directors, employees, agents and representatives from any injury, harm, damage or death, which may occur while I am participating in the activity. To the fullest extent permitted by law, I agree to save and hold harmless CCSD, its trustees, officers, directors, employees, agents and representatives from any claim by myself, my estate, heirs, successors, assigns or other persons arising out of my participation in the activity.

I authorize CCSD through its trustees, officers, directors, employees, agents or representatives to render or obtain such emergency medical care or treatment for me as may be necessary should any injury, harm or accident occur to me while participating in this activity.

IF APPLICABLE:

I understand and acknowledge that CCSD does not provide health or medical insurance in connection with the activity and I agree that I will be financially responsible for any bills incurred as a result of medical treatment, including emergency medical treatment and/or transportation to a medical facility, in connection with my participation in the activity.

Executed this _____ day of _____, 20____.

Signature _____

Printed Name _____

Parent/Guardian Signature _____

(If the individual is a **Minor** then a Parent/Guardian signature **IS REQUIRED**)

Parent/Guardian Contact Telephone Number: _____