

WAIVER AND RELEASE OF LIABILITY

In consideration of Chester Christian Center Assemblies of God Church, the equipment, and the facilities to enable the person listed below (a.k.a. the participant) to participate in **physical activity**, I agree as follows:

I fully understand and acknowledge that; (a) risks and dangers exist in the use of physical activity equipment or facilities and participation in physical fitness activities; (b) participation in such activities and/or use of such equipment or facilities may result in injury or illness to the participants including but not limited to bodily injury, disease, strains, fractures, partial and/or total paralysis, eye injury, blindness, heat stroke, heart attack, death or other ailments that could cause serious disability; (c) these risks and dangers may be caused by the negligence of the volunteers, employees, officers, advisors, or agents of Chester Christian Center Church; the negligence of the participants, the negligence of others, accidents, breaches of contract, the forces of nature or other causes that may arise from foreseeable or unforeseeable causes.

By participating in these activities and/or use of equipment or facilities, I hereby assume all risks and dangers and all responsibility for any losses and/or damages, whether caused in whole or in part by the negligence or other conduct of volunteers, employees, officers, advisors, or agents of Chester Christian Center Church, or by any other person. I, on behalf of the participant, the participant's representatives and the participant's heirs, hereby voluntarily agree to release, waive, discharge, hold harmless, defend and indemnify Chester Christian Center Church, their members, volunteers, employees, advisors, and contractors from any and all claims, actions or losses for bodily injury, property damage, wrongful death, loss of services or otherwise which may arise out of the use of physical activity equipment or facilities, or the participation in physical activity activities.

I specifically understand that I am releasing, discharging and waiving any claims or actions that I may have presently or in the future for the negligent acts or other conduct by the owners, volunteers, agents, officers, advisors, members or employees of Chester Christian Center Church.

MEDICAL PERMISSION AUTHORIZATION

The undersigned parent, guardian, or adult participant hereby gives permission for Chester Christian Center Church and its advisors to authorize emergency medical treatment as may be deemed necessary for the person named below while participating in physical activities.

I HAVE READ THE ABOVE WAIVER AND RELEASE AND BY SIGNING IT AGREE IT IS MY INTENTION TO EXEMPT AND RELIEVE CHESTER CHRISTIAN CENTER CHURCH FROM LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH CAUSED BY NEGLIGENCE OR ANY OTHER CAUSE. Specific wishes and or emergency contacts in the case of an emergency must be listed on the back of this sheet signed and dated.

Participant's Name

Participant's Signature

Date

Parent or Guardian's
(if under 18 years old)

Name Parent or Guardian's Signature
(if under 18 years old)

Date