



## Bridge of Faith Community Church Liability Release Form

**Please print (Complete a separate registration form for each participating family member)**

Name \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_

Current Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

Check this box if under 18 years of age

In consideration of my acceptance as a Bridge of Faith Community Church activity participant, I represent and agree that: (1) I am a guest and not an employee of Bridge of Faith Community Church. (2) I am aware of the risk associated with participating in activities at Bridge of Faith Community Church, including but being limited to death or injury by accident, disease, weather conditions, inadequate medical services and supplies, criminal activity, and random acts of violence. I voluntarily assume all such risks. (3) I waive and release all claims for damages which I, or my heirs or successors, may have Bridge of Faith Community Church or any church, religious denomination, or organization sponsoring or participating in a Bridge of Faith Community Church activity, and any agent or employee of any such organizations, arising from my death, injury, illness, or damage or loss of property occurring during my activity participation, or as a result of my activity participation. (4) I agree that this assumption of risk agreement is intended to be as broad and inclusive as permitted by law.

The undersigned further agree to defend, indemnify and hold Bridge of Faith Community Church, its ministry staff, volunteer staff and agents (collectively referred to as "Bridge of Faith Community Church") harmless from all costs and expenses, including attorney's fees, arising out of claims for bodily injury or property damage suffered by anyone in the user group, except to the extent that such bodily injury or property damage shall have been caused directly or indirectly by Bridge of Faith Community Church.

I further state that I HAVE READ THE FOREGOING ASSUMPTION OF RISK AND UNDERSTAND ITS CONTENTS, AND I VOLUNTARILY SIGN THIS RELEASE FORM AS MY OWN FREE ACT.

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

**\*Those younger than 18 years of age must have a legal guardian sign this form.**