



September 5th - 6th, 2010 (Sunday - Monday)

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____ E-mail: _____

If participant is under 18 years of age, Calvary Chapel requires a parent's or legal guardian's signature prior to participation in this weekend activity.

RELEASE OF LIABILITY. PLEASE READ CAREFULLY BEFORE SIGNING.

Participant assumes full responsibility for risk and liability.

I KNOWINGLY AND FREELY ASSUME ALL RISKS, BOTH KNOWN AND UNKNOWN, EVEN IF ARISING FROM THE NEGLIGENCE OF OTHERS, AND I ASSUME FULL RESPONSIBILITY FOR MY PARTICIPATION IN THIS ACTIVITY.

I hereby agree to release Calvary Chapel of Albany, it's agents, officers, and/or employees, from any and all liability for injury, damage, or death to myself or to any other person which may arise as the result of participating in this activity.

Medical Services Agreement.

IN CASE OF INJURY OR DAMAGE, I HEREBY GIVE PERMISSION TO THE REPRESENTATIVES, AGENTS, OR OFFICERS OF CALVARY CHAPEL OF ALBANY TO SEEK THE CLOSEST MEDICAL TREATMENT FOR ME AND I AGREE TO TAKE FULL RESPONSIBILITY TO COMPENSATE MEDICAL CARE GIVERS.

Binding Upon Heirs, etc.

I UNDERSTAND THAT THIS CONTRACT IS LEGALLY BINDING UPON ME, MY HEIRS, ASSIGNS AND LEGAL REPRESENTATIVES.

I the undersigned, have read, understood and voluntarily agree to the above.

Participant Signature: _____ Date: _____

(If the above named person is a minor, signature of parent or legal guardian is required)

Parent or Legal Guardian Signature: _____ Date: _____

In Case of Injury...

Insurance Provider: _____

Policy Number: _____ Emergency Ph #: _____