

Waiver and Liability Release

This waiver and release of liability is executed by the Parent/Guardian of _____ (“Participant”) for the Calvary Chapel Morgantown (CCM) event _____ (“Event”) described herein.

The undersigned does hereby release, waive, and forever discharge CCM, its pastors, staff, ministry leaders, members, employees, agents or representatives (collectively, the “Church”) from and against any and all liability for any harm, injury, damage, claims, demands, actions, causes of action or costs and expenses of any nature which Participant and Participant’s Parent/Guardian may have or which may hereafter accrue to the Participant or Participant’s Parent/Guardian, arising out of or related to any loss, damage, or injury, including but not limited to suffering, pain, disability and severe injury (including death), that may be sustained by Participant in conjunction with Participant’s involvement in the Event. Participant’s Parent/Guardian has signed this Release in full recognition and appreciation of the dangers, hazards and risks involved with the Event. Participant’s Parent/Guardian agrees that the Participant has the capacity to appreciate, and that Participant has individually assumed, the risks involved with this Event. Participant’s Parent/Guardian further agrees to hold harmless, indemnify and defend the Church from any claim by Participant or Participant’s Parent/Guardian arising out of Participant’s involvement in the Event. Participant’s Parent/Guardian certifies that Participant is physically fit and in good health and has not been advised otherwise by any qualified medical personnel. Participant’s Parent/Guardian is not aware of any health-related reasons or problems, which would preclude or restrict Participant’s ability to take part in the Event. If any term or provision of this Release shall be held illegal, or unenforceable, or in conflict with any law governing this Release, the validity of the remaining portions shall not be affected.

Signature of Participant’s Parent/Guardian: _____

Date: _____

Participant’s address: _____

Emergency Contact Name: _____

Emergency Contact Number: _____