

ELEVATE LIFE CHURCH

4027 Trailcreek Rd. Riverside Ca. 92505

WAIVER AND RELEASE OF LIABILITY

NOTE: THIS FORM MUST BE READ AND SIGNED BEFORE THE PARTICIPANT IS ALLOWED TO TAKE PART IN ANY EVENT.

EVENT Fishing Trip 2019
(Please Print)

PARTICIPANT'S NAME _____
(Please Print)

DATE OF BIRTH _____
(Please Print)

IN CONSIDERATION of being permitted to participate in any way in any sport or event under the auspices of ELC., I acknowledge, appreciate, and agree that:

1. The activities may be physically and mentally intense. I have been advised of the rules and/or guidelines of the event, and will comply with all rules, regulations, and guidelines. If I observe any unusual or unnecessary hazard during my participation, I will bring such to the attention of the nearest official or church representative as soon as practical;
2. There may be risks and dangers in my use of equipment and my participation in activities;
3. That the participation in such activities and/or my use of such equipment may result in my injury or illness 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;
4. That these risks and dangers may be caused by the negligence of the owners, employees, officers or agents of ELC., the negligence of the participants, the negligence of others, accidents, breaches of contract, the forces of nature or other causes. These risks and dangers may arise from foreseeable or unforeseeable causes;

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5. That by my participation in these activities and/or use of equipment, I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, and all responsibility for any losses and/or damages, whether caused in whole or in part by the negligence or other conduct of the owners, agents, officers, employees of ELC., or by any other person.

6. I, on behalf of myself, assignees, my personal representatives and my heirs, hereby voluntarily agree to RELEASE, WAIVE, DISCHARGE, HOLD HARMLESS, DEFEND AND INDEMNIFY THE ROCK CHURCH RIVERSIDE, and its owners and lessors of premises used to conduct the activity or event, their officers, agents and/or employees ("Releasees") with respect to any and all injuries, disabilities, or loss of damages to person or property, loss of services, or otherwise which might arise out of my use of equipment, my personal vehicle, or my participation in any activity or event, whether caused by the negligence of the Releasees or otherwise, except that which is the result of gross negligence and/or wanton misconduct. 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, agents, officers or employees of ELC.

7. I authorize the direct, incidental, consequential or indirect use of any video or photographic images of me to be used in any publication issued by ELC.

I HAVE READ THE ABOVE WAIVER AND RELEASE AND BY SIGNING IT I AGREE IT IS MY INTENTION TO EXEMPT AND RELIEVE ELC FROM LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH CAUSED BY NEGLIGENCE OR ANY OTHER CAUSE.

PARTICIPANT'S SIGNATURE

DATE SIGNED

PHONE NO.

ADDRESS

CITY

ZIP CODE

Emergency Contact

Emergency Contact Name _____

() _____

HOME PHONE

() _____

WORK PHONE

() _____

CELL PHONE

MEDICAL INSURANCE CARRIER

POLICY NUMBER/GROUP NUMBER

DENTAL INSURANCE CARRIER (if any)

POLICY NUMBER/GROUP NUMBER

LAST TETANUS (DTP) IMMUNIZATION DATE: _____

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IF A PARTICIPANT IS A MINOR, THE LEGAL GUARDIAN OR PARENT MUST GIVE CONSENT AND SIGN BELOW.

FOR PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT TIME OF REGISTRATION)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree not only to his/her release of ELC and all other Releases but also to release and indemnify the Releases from any and all liabilities incident to his/her involvement in these programs for myself, my heirs, assigns, and next of kin.

PARENT/GUARDIAN'S SIGNATURE

() _____
EMERGENCY PHONE NO (S).

DATE SIGNED

Authorization for Emergency Care to Minor
RE: Section 25.8 or the Civil Code of California

I/We do hereby authorize ELC, adult agents and employees, into whose care said minor has been entrusted, 1) consent to any x-ray examination, anesthetic, medical, surgical diagnosis or treatment and hospital supervision and upon the advice of a physician and/or surgeon licensed under the provision of the Medical Practice Act, or 2) consent to an x-ray examination, anesthetic, dental or surgical diagnosis or treatment and hospital care rendered to said minor by a dentist licensed under the provision of the Dental Practice Act. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required, but is given to provide authority and power on the part of The Rock Church their adult agents and employees, to give specific consent to any and all such diagnosis, treatment, or hospital care which the aforementioned physician or dentist, in the exercise of his/her best judgment, may deem advisable.

I accept responsibility for payment of expenses incurred as a result of medical treatment.

SIGNATURE OF PARENT OR LEGAL GUARDIAN

DATE SIGNED

() _____
HOME PHONE

() _____
WORK PHONE

() _____
CELL PHONE

MEDICAL INSURANCE CARRIER

POLICY NUMBER/GROUP NUMBER

DENTAL INSURANCE CARRIER (if any) _____ POLICY NUMBER/GROUP NUMBER _____

LAST TETANUS (DTP) IMMUNIZATION DATE: _____ (refer to your child's shot record)