

REGENERATION CALVARY CHAPEL

Participation, Release, Waiver & Indemnity Agreement

WHILE REGENERATION CALVARY CHAPEL MAKES EVERY EFFORT TO PROVIDE A SAFE AND PLEASANT ENVIRONMENT FOR YOUR CHILD, WE DO REQUIRE THAT THIS PARTICIPATION AGREEMENT BE READ, FILLED OUT AND DATED BY THE PARENT OR LEGAL GAURDIAN OF EACH CHILD UNDER 18 YEARS OF AGE WHO WISH TO PARTICIPATE IN THE ACTIVITIES WHICH OCCUR AT REGENERATION CALVARY CHAPEL

I, the undersigned, give permission for my son or daughter to participate in the activities that occur at Regeneration Calvary Chapel, and on or around Regeneration Calvary Chapel. These activities include, but are not limited to field trips off church grounds. I grant permission with full knowledge that I accept full responsibility for and injury or accident that may occur.

Although Regeneration Calvary Chapel has taken responsibility steps to provide equipment and skilled leaders so your child can participate in activities for which he/she may not be skilled in, we now remind you that these activities are not without risk. Certain risks cannot be eliminated due to the church's rural setting and without destroying the unique character of those activities. The same element that contributes to the character of these activities can be cause of loss or damage to your property, accidental injury or illness or, in extreme cases, permanent trauma or death. We do not want to frighten you or reduce your enthusiasm for these activities, but we do think it is important for you to be informed and know in advance about the inherent risk.

I, on the behalf or myself, my child, my assigns and my estate, agree to release and hold harmless Regeneration Calvary Chapel, Inc., Its officers, Board, agents or leaders, for any and all claims for injuries, causes of action, or liability related to my child's participation in any activity occurring at Regeneration Calvary Chapel, or on or around Regeneration Calvary Chapel. This release does not apply to intentional and/or willful acts of misconduct by Regeneration Calvary Chapel or any of its officers, Board, or leaders.

Should Regeneration Calvary Chapel, or anyone acting on their behalf, be required to incur attorney's fees and cost to enforce this agreement, I agree to indemnify and hold Regeneration Calvary Chapel harmless for all such fees and costs.

By Signing this document, I acknowledge that if anyone is hurt or property is damaged during my or my child's participation in these activities, I and / or my child may be found by a court of law to have waived any rights to maintain a lawsuit against Regeneration Calvary Chapel, its officers, Board, or leaders on the basis of any claim which has been released herein. I have had sufficient opportunity to read this entire document. I have read and understood it, and agree to be bound by its terms.

Parent or Guardian's Signature _____ Date _____

(You may sign your own release form if you are 18 or older)

Print Name _____ Relationship to child _____

Childs Name _____

Regeneration Calvary Chapel., 418 N 3rd Ave #A., Sandpoint, ID 83864 (208) 557-9673

REGENERATION CALVARY CHAPEL Medical & Liability Release Male Female

Name _____ Age _____ Date of Birth _____

Print Last Name

First Name

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____

In Emergency Notify _____ Phone _____

Family Doctor _____ Phone _____

Health History

____ Drug Allergies _____	____ Heart Condition _____	____ Behavior/Nervous Disorder _____
____ Food Allergies _____	____ Asthma _____	____ Physical Handicaps _____
____ Environmental Allergies _____	____ Seizure Disorder _____	____ Stomach Problems _____
____ Insect Stings _____	____ Diabetes _____	____ Other _____

If any of the above are checked please give details (i.e. include normal treatment of allergic reaction) _____

Date of last tetanus Shot _____ Name, dosage, and frequency of any medication that must be taken regularly, or as needed _____

If your child should require any medical attention for injuries or illness, please provide us the information necessary to give your child proper medical services

Do you have health insurance? Yes _____ No _____ Name of insurance company _____

Insurance company address _____

Please initial if you would like your medical information to remain completely confidential _____

MEDICAL RELEASE:

In the event I cannot be reached in n emergency, I hereby give my permission to the physicians or dentist selected by Regeneration Calvary Chapel to hospitalize, to secure proper treatment and/or order an injection, anesthesia, or surgery for my child as deemed necessary. The signature of the parent or guardian below is intended to serve as a medical release

Parent or Guardian's Signature _____ Relationship to child _____

Print Name _____ Spouce's Name _____ Date _____

BOTH SIDES MUST BE FILLED OUT AND SIGNED