

# Temple Bible Church Student Ministry

## Waiver & Release of Liability

**This is a release of liability read before signing!**

**Note: This form must be read and signed before the participant is allowed to take part in this activity.**

Participant's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ In consideration of being permitted to participate in any way in \_\_\_\_\_ (Activity/Trip Name) on \_\_\_\_\_ (Date of Activity/Trip) I acknowledge, appreciate, and agree that:

1. The risk of injury from the activity is possible and while particular care is taken to minimize the risk, the risk of serious injury does exist.
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both know and unknown, EVEN IF ARISING FROM THE NEGLIGENCE of those persons released from liability below, and assume full responsibility for my participation.
3. I, for myself and on behalf of my heirs, assigns, personal representatives, and next of kin, HEREBY RELEASE AND HOLD HARMLESS THE **TBC Student Ministry** the owners and lessors of premises used to conduct said activity, their officers, officials, agents, and/or employees ("Releases"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to personal property, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.
5. I understand and will comply with **TBC Student Ministry** Rules and Safety Guidelines.
6. I understand and agree that this Release of Liability Agreement covers each and every trip, activity, and event in which I participate hereafter.

**I and my parents have read this release of liability and assumption of risk agreement, fully understand its terms, understand that I have given up substantial rights by signing it, and sign it freely and voluntarily without any inducement.**

Signature X: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

### APPLICABLE IF ABOVE SIGNER IS UNDER 18 YEARS OF AGE

### PARENT OR GUARDIAN MUST READ THIS FORM AND SIGN BELOW

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 the **TBC Student Ministry** 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 Signature X: \_\_\_\_\_ Date: \_\_\_\_\_

EMERGENCY PHONE #(S): \_\_\_\_\_

**EMERGENCY MEDICAL**  
**PERMISSION FORM**

The undersigned parent or guardian hereby gives permission for TBC Student Ministry to authorize emergency medical treatment as may be deemed necessary for the child named below while participating in a trip/activity from this date \_\_\_\_\_ through year end.

Player's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Parent/Guardian Signature X: \_\_\_\_\_

Date: \_\_\_\_\_

In addition to this form, TBC Student Ministry **WAIVER MUST BE SIGNED BY PARENT/GUARDIAN, as well as by the minority age player.**

Insurance Policy Number: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_

Secondary Phone Numbers: \_\_\_\_\_