



# Brother-to-Brother Camping Trip

December 2 - 4, 2011

## A Youth Event of Calvary Chapel St. Petersburg

### LIABILITY WAIVER AND INDEMNITY AGREEMENT

#### **Functions and Activities**

It is my understanding that participating in the programs and recreational and other activities of Calvary Chapel St. Petersburg is a privilege. Prior to my, or my child's participation in such activities, I acknowledge that there could be risks associated with the activities, including, by way of example, physical injury due to activity-related accidents, physical injury due to transportation-related accidents, illness, or even death. In addition, I acknowledge that there may be other risks inherent in these activities of which I may not be presently aware. Acknowledging this, I give my child permission to operate a BB gun for this event and to participate in the shooting of targets during this event.

#### **Liability Waiver and Indemnity Agreement**

By signing this Permission/Waiver Form, I expressly assume all risks for myself and/or my child participating in Calvary Chapel activities, whether such risks are known or unknown to me at this time. I further release Calvary Chapel and its pastors, leaders, employees, volunteers, and agents from any claims that my child may have or that I may have against them as a result of injury or illness incurred during the course of participation in the activities. This release of liability shall include (without limitation) any claims of negligence or breach of warranty. This release of liability is also intended to cover all claims that members of the child's or my family or estate, heirs, representatives, or assigns may have against Calvary Chapel or its pastors, leaders, employees, volunteers, or agents.

I do hereby for and on behalf of myself and my heirs and legal representatives RELEASE and forever discharge Calvary Chapel, Calvary Chapel St. Petersburg, its officers and representatives, from any and all claims, demands and injuries, howsoever arising, in any way related to activities of Calvary Chapel, and all such claims hereby WAIVED AND RELEASED, and I consent not to sue therefore. By signing below, I do hereby agree to INDEMNIFY and hold harmless Calvary Chapel and its representatives from any liability which may incur howsoever arising and whether caused by the negligent or intentional acts of Calvary Chapel and its representatives. I HAVE READ AND UNDERSTAND THIS FOREGOING RELEASE AND INDEMNITY AGREEMENT.

#### **First Aid & Emergency Medical Attention**

I recognize that there may be occasions where myself and/or child may be in need of first aid or emergency medical attention as a result of an accident, illness, or other health condition or injury. I do hereby give permission for agents of Calvary Chapel St. Petersburg to seek and secure any needed medical attention or treatment, including hospitalization, if in the agent's opinion such need arises. In doing so I agree to pay all fees and costs from this action to obtain medical treatment.

I give permission for attending physician(s) and other medical personnel to administer any needed medical treatment, including surgery and, again, I agree to pay for the medical treatment.

#### **Parental/Guardian Permission**

I represent that I am the parent/guardian of the child listed below, who is under 18 years of age. I have read the above Permission and Waiver Form and am fully familiar with the contents thereof. I give permission for the child named below to participate in the activities of this church, including any special events and activities. I hereby consent to this Permission and Waiver Form, including the Release of Liability and Indemnification above, on behalf of the child, and agree that this permission and Waiver Form shall be binding upon my estate and me. I release that if my child breaks the covenant, he or she is subject to be sent home.

Participant's/Child's Name

Parent's or Guardian's Printed Name

Date

Parent's or Guardian's Signature

#### **Participant Covenant**

Along with the leaders and other youth, I agree to conduct myself in a Christian manner. I promise to respect God, respect myself, respect other people, and respect property. I understand that my agreement holds me responsible to these things and the consequences thereof. I agree to participate in the activities of the church, and that cooperative participation in church activities depends on my support of this agreement. By signing this covenant, I understand that action will be taken and I am subject to be sent home if I partake in any of the following activities: possession of illegal drugs, non-prescribed medication, alcohol or tobacco products, possession of weapons, disrespect for authority, or any other activity that adult leaders deem as inappropriate. I covenant to strive to make each activity/trip/retreat the best it can be!

Participant's Signature

Date

**PARTICIPANT'S/CHILD'S INFORMATION**

Print **Full** Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
Address \_\_\_\_\_ Apt \_\_\_\_\_ Emergency Phone (\_\_\_\_) \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Birth Date \_\_\_\_\_

**PARENT OR LEGAL GUARDIAN INFORMATION**

\_\_\_\_\_  
**PRINT** Parent or Legal Guardian Name Email \_\_\_\_\_  
Address, if different \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_  
\_\_\_\_\_  
Parent or Legal Guardian Signature Title of Picture ID and Number that Verifies Parent or Guardian

**MEDICAL RELEASE**

I hereby authorize the staff at Calvary Chapel to act for me according to their best judgment in any emergency requiring medical attention. All medical expenses incurred will be the responsibility of the Participant's family. I certify to Calvary Chapel that my child has no physical conditions or mental impairment that would be effected by participation in the Calvary Chapel program. In the event that I cannot be reached in an emergency, I hereby give permission to any licensed physician, surgeon, clinic, or hospital to secure proper treatment, and to order anesthesia, for my child as named above.

My child is allergic to and/or taking the following medications:

\_\_\_\_\_  
\_\_\_\_\_

Doctor to be notified in an emergency \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Parent or Legal Guardian Signature

**NOTARY (Signature must be notarized unless signed in the presence of staff member)**

**STATE OF FLORIDA  
COUNTY OF PINELLAS**

The foregoing instrument was acknowledged before me this

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by

\_\_\_\_\_  
Name of Person Being Acknowledged by Notary Public

\_\_\_\_\_  
Notary Public Signature

Notary Public Stamp:

or, Staff Member: \_\_\_\_\_

- Personally knows Acknowledged, or
- Acknowledged Produced Identification:

\_\_\_\_\_  
Type of Identification and Number Produced