

WAIVER AND RELEASE FORM FOR YTH CAMP

LIABILITY RELEASE AND PARENTAL CONSENT FORM

The following terms and conditions are presented at the time of payment and must be reviewed and accepted prior to registration confirmation.

▪ WAIVER AND RELEASE

Hereby, in consideration of the acceptance of my application for the above program, I for myself, my child(ren) named herein, my heirs, executors and assigns, waive, release, discharge and covenant in advance not to sue *the Citygate Church of Ohio*, its officials, officers, employees, volunteers and agents from all claims and liabilities – even though these liabilities may arise out of perceived negligence on the part of persons mentioned above –, resulting in any physical or psychological injury (including paralysis and death), illness, damages, economic or emotional loss my child may suffer because of their participation in this YTH Camp, including travel to, from and during the Camp.

ASSUMPTION OF RISK

I am aware of the risks associated with traveling to/from and my child's participation in this YTH Camp, which include but are not limited to physical or psychological injury, pain, suffering, illness, disfigurement, temporary or permanent disability (including paralysis), economic or emotional loss, and/or death. I understand that these injuries or outcomes may arise from my child's or other's actions or negligence; conditions related to travel; or the condition of the Camp location(s) or facilities. Nonetheless, I assume all related risks, both known or unknown to me, of my child's participation in this YTH Camp, including travel to, from and during the Camp. I hereby assert that my child(ren)'s participation is voluntary and that I knowingly assume all such risks.

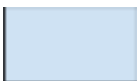
INDEMNIFICATION, HOLD HARMLESS AND DEFENSE

I agree to indemnify, hold harmless and defend the Citygate Church of Ohio against any and all claims to which the "Waiver and Release" second of this agreement applies, including claims on behalf of any participating minor if the authorization is signed below. I also promise to indemnify, hold harmless and defend *Citygate Church of Ohio* against any and all claims for my own negligence, and any other claim arising from my conduct during the activities or which is a breach of this agreement. In accordance with these promises, I will reimburse *Citygate Church of Ohio* for any damages, reasonable settlement and defense costs, including attorney's fees, that *Citygate Church of Ohio* may incur because of any such claims made against them.

HEALTH CARE

I hereby give permission to *the Citygate Church of Ohio* to act according to their best judgment in any situation requiring medical attention for my child(ren) named herein. This includes routine health care, administering and/or dispensing prescribed medication, and seeking emergency medical treatment including ordering x-rays or routine tests. I agree to the release of any records necessary for insurance purposes. I acknowledge that it is my responsibility to provide medical insurance coverage for my child(ren) named herein while participating in the activities. Any costs of medical treatment provided to my child(ren) named herein that are not covered by medical insurance will be my sole responsibility. I give permission to *Citygate Church of Ohio* to arrange necessary related transportation for my child(ren). In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp to secure and administer treatment, including hospitalization for my child(ren) named herein.

INITIALS





I understand that this document is written to be as broad and inclusive as legally permitted by the State of Ohio.

I agree that if any portion is held invalid or unenforceable, I will continue to be bound by the remaining terms. It is further understood and agreed that this waiver, release and assumption of risk is to be binding on my heirs and assignees.

(a) I have read this document, and I am signing it freely. No other representation concerning the legal effect of this document have been made to me.

(b) I am the parent or legal guardian of the participant. I understand the legal consequences of signing this document, including:

1. Releasing the Citygate Church of Ohio from all liability on my and the participants behalf;
2. Promising not to sue the Citygate Church of Ohio on my and the participants behalf;
3. Assuming all risks of the participants participation in these activities, including travel to, from and during these activities;
4. Giving permission to the Citygate Church of Ohio to have my child(ren) treated by emergency medical personnel, a physician, or surgeon, in case of sudden illness or injury while participating in these activities.

I understand that I am responsible for the obligations and acts of participant as described in this document. I agree to be bound by the terms of this document.

Parental Consent (Complete if applicant is under 18)

I give consent for my child children _____ to participate in the above activities, and I execute the above liability release on their behalf.

I have read and understood the foregoing registration liability release and parental consent form and agree to all of its terms and conditions.

 Signature Print Name Date _____ Parent/Guardian