



GUEST GROUP LIABILITY RELEASE FORM – ADULT

THIS FORM IS NULL AND VOID IF ALTERED

Please use this form if 18 years old or older.

*If under 18 years old, please fill out **Liability Release Form—Minor***

Group Name Calvary Chapel Santee Housing Assigned (**Office Use Only**) _____

Name (PRINT) _____

Last

First

Middle Initial

Address _____

Number and Street

City and State

Zip

Phone (H) _____ (W) _____ (C) _____ **Email** _____

In Emergency, notify: _____ Phone _____

AUTHORIZATION AND LIABILITY RELEASE AGREEMENT

I, the undersigned (“Participant”), hereby enter into this authorization and liability release agreement (“Agreement”), in order for and IN CONSIDERATION OF being able to participate in any PVBCC-related activities (“Activities”). Activities include, but are not limited to, those occurring at PVBCC facilities, and transportation to and from each activity.

Participation in any PVBCC activities can be physically and mentally intense. I will comply with all rules and regulations. If I observe any unusual or unnecessary hazard during my participation, I will bring such to the attention of the nearest official as soon as practical.

DISCLAIMER, ASSUMPTION OF RISK AND WAIVER: I acknowledge that participation in the Activities involves risk to myself and may result in various types of injury including, but not limited to, sickness, bodily injury, death, emotional injury, personal injury, property damage and financial damage. **I VOLUNTARILY ASSUME ALL SUCH RISKS, INCLUDING RISKS KNOWN AND UNKNOWN, OF INJURIES, HOWEVER CAUSED, EVEN IF CAUSED IN WHOLE OR IN PART BY THE ACTION, INACTION, OR NEGLIGENCE OF PVBCC AND ITS AGENTS, EMPLOYEES, VOLUNTEERS, OFFICERS, DIRECTORS, MEMBERS, AND OTHER REPRESENTATIVES (“RELEASEES”) TO THE FULLEST EXTENT OF THE LAW.**

I HEREBY RELEASE, DISCHARGE AND AGREE TO HOLD HARMLESS, to the fullest extent permitted by law, Releasees, from any and all liability, claims, demands, costs, expenses and compensation arising out of or in any way related to any injury or other damage that may result to myself or to members of my family, household, or individuals I invite or for whom I am otherwise responsible while participating in or present at any of the Activities, **WHETHER ARISING FROM THE NEGLIGENCE OF RELEASEES OR OTHERWISE.**

SCOPE: I further acknowledge and accept that this Agreement is intended to be as broad and inclusive as permitted by law and agree that if any portion of this Agreement is deemed to be invalid, the remainder will continue in full legal force and effect.

PHOTO/VIDEO CONSENT AND RELEASE:

I hereby assign and grant Releasees the right and permission to use, display, and publish photographs, video, electronic representations, and sound recordings made of me during Activities, and I hereby RELEASE Releasees from any and all liability from such use and publication. I specifically WAIVE all rights to compensation and approval for any of the foregoing.

RESPONSIBILITY TO KEEP PVBCC INFORMED:

If any of the information I have provided on this form changes, I agree to promptly inform PVBCC of such changes. **I also agree to immediately inform PVBCC if I have been exposed to any communicable diseases prior to participating in any Activities.**

I REPRESENT THAT ALL INFORMATION I HAVE PROVIDED IS COMPLETE AND ACCURATE. I HAVE READ ALL OF THE FOREGOING, FULLY UNDERSTAND THE TERMS OF EACH, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY MY SIGNING THIS FORM AND AGREEING TO THESE TERMS, AND AGREE TO THESE TERMS FREELY AND VOLUNTARILY AND WITHOUT INDUCEMENT.

Signature of Participant _____ Date _____

PRINT Full Name _____