

CHRISTIAN LIFE CENTER MERCED - RELEASE OF LIABILITY FORM

I, _____ (Print Name), hereby acknowledge and agree to the following terms and conditions in consideration for my participation in any event hosted or sponsored by Christian Life Center:

1. **Assumption of Risks:** I understand that participating in any event hosted or sponsored by Christian Life Center involves certain risks, including but not limited to physical injury, illness, or death. I assume full responsibility for any and all risks associated with my participation in such events.
2. **Release and Waiver:** In consideration for my participation in any event hosted or sponsored by Christian Life Center, I hereby release and forever discharge Christian Life Center and its agents, representatives, employees, volunteers, and assigns from any and all liability, claims, demands, actions, or causes of action that I may have arising out of or related to my participation in such events.
3. **Permission to Film and Photograph:** I hereby grant Christian Life Center and its agents, representatives, employees, volunteers, and assign permission to film and photograph me during any event hosted or sponsored by Christian Life Center. I understand that any such film or photograph may be used by Christian Life Center for promotional or educational purposes.
4. **Permission to Administer Treatment:** I hereby authorize Christian Life Center and its agents, representatives, employees, volunteers, and assigns to administer medical treatment to me in the event of an emergency or illness during any event hosted or sponsored by Christian Life Center. I understand that every effort will be made to contact me or my emergency contact before such treatment is administered, but if it is not possible to do so, I authorize the administration of treatment as necessary.
5. **Parental Permission:** I hereby certify that I am the parent or legal guardian of
6. _____ (Print Name of Minor), who is under the age of 18, and I hereby give permission for him/her to participate in any event hosted or sponsored by Christian Life Center. I further acknowledge that I have read this release of liability form and fully understand its contents.

Note: Please list two emergency contacts below & attach special medical needs to form.

1. Name: _____ Phone: _____
2. Name: _____ Phone: _____

By signing below, I acknowledge that I have carefully read and fully understand the terms and conditions of this release of liability form and agree to be bound by them.

(Signature & Date) (Parent or Legal Guardian if applicable)

(Printed Name)