

WAIVER AND RELEASE FOR IRON SHARPENS IRON MARTIAL ARTS

MINISTRY OF CALVARY CHAPEL LEBANON

I, participant in ISIMA **and/or** I, the undersigned parent/person having legal custody/guardianship of the below said minor, give permission for the minor to participate in Calvary Chapel Lebanon Iron Sharpens Iron Martial Arts Ministry. I **and/or** the minor is physically able to participate in all activities as described in the announcement for the program. In consideration of facilities and/or equipment, or participation in the tour program, I, on behalf of myself (as parent, guardian, coach, aid, spectator, or participant) herby:

1. Acknowledge that I have read this document, I have inspected the facility and equipment, I accept them as being safe and reasonably suited for the purposes intended, I voluntarily sign this document.
2. Release Calvary Chapel Lebanon, its directors, officers, employees, agents, representatives and volunteers (collectively "releases") from all liability to me for any loss or damages to property or injury or death to person, whether caused by releases or otherwise and while such self or minor is in attendance of Calvary Chapel Lebanon.
3. I agree not to sue Releases for any loss, damage, injury, or death described above and will indemnify and hold harmless Releases and each of them for any loss, liability or damage or cost they may incur due to said self or minors presence in attendance of Calvary Chapel Lebanon, whether caused by the negligence of Releases or otherwise.
4. I assume full responsibility for, and risk of, bodily injury, death or property damage due to the negligence of Releases or otherwise.
5. I do herby authorize Calvary Chapel Lebanon as agent for the undersigned, to consent with respect to said self or minor, to any x-ray examination, anesthetic, medical, dental, or surgical diagnosis or treatment, and hospital care which is deemed advisable by and is to be rendered under general or special supervision of, any physician and surgeon licensed under the provisions of the Pennsylvania Medical Practice Act on the medical staff of any hospital, whether such diagnosis or treatment is rendered at the office of the physical or the hospital, I understand that Calvary Chapel Lebanon is not responsible for any costs incurred for medical care.
6. I give Calvary Chapel Lebanon permission to use any pictures of likeness of me or picture of likeness of listed minors in Calvary Chapel Lebanon general publicity and campaign materials.

I intend this document to be broad and inclusive as permitted by the laws of the State of Pennsylvania. I have read and understood this agreement, and I am aware that by signing this agreement I am waiving certain legal rights which I or my heirs, next of kin, executors, administrators and assigns may have against the releases.

MINOR FULL NAME (PRINTED) if applicable: _____

1 NAME PER FORM

PARTICIPANT **and/or** PARENT/GUARDIAN
FULL NAME (PRINTED)

PARTICIPANT **and/or** PARENT/GUARDIAN
SIGNITURE & DATE

____ / ____ / 20____

Office use Only:

Date Received _____

First Initial _____

Last Name _____