

CHRIST THE KING COMMUNITY CHURCH

Christ the King Community Church Event/Activity Waiver and Release of Claims and Liabilities (Adults)

Event or Activity Involved:

____ All Events/Activities the Participant Attends, or
____ Specific Events/Activities (List) _____

Participant Information:

Name:		Home/Cell Phone:
Address:	Email:	Work Phone:

Local Emergency Contact:

Name:	Relationship:	Phone:
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HEALTH HISTORY OF PARTICIPANT

Allergies (insect stings, medications, food, etc.): _____

Typical Treatment for the ailment: _____

Name/Dosage of medications currently taking: _____

Any other conditions? (Heart, diabetes, asthma, epilepsy, etc. _____

Blood Type if known _____

Last Tetanus Shot Date if known: __/__/____ Swimming restrictions? Yes No

Activity restrictions? Yes No

What restrictions? _____

Any other conditions CTK should be aware of:

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WAIVER AND RELEASE OF CLAIMS AND LIABILITIES

(to be signed by participant)

PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING. THIS ACKNOWLEDGMENT, WAIVER AND RELEASE OF CLAIMS AND LIABILITIES MAY AFFECT YOUR RIGHTS.

I accept and understand that there are risks involved in participating in the CTK (defined below) sponsored events or activities identified at the top of page 1 (“Events or Activities” or “Event or Activity”) of this Waiver and Release of Claims and Liabilities (“Waiver and Release”). These Events and Activities are part of the ministries of CTK’s church operating at or out of 4173 Meridian St. Bellingham, WA 98226, or by any of its controlled affiliate Church locations.

I certify I am physically fit for the Events or Activities which I seek to engage in and have not been advised by a physician to refrain from engaging in such Events or Activities and I have identified any necessary restrictions on page 1 of this Waiver and Release. If at any time I feel an Event or Activity which I am performing may be beyond my skills or unsafe, I shall immediately stop said Event or Activity. I am voluntarily participating in Events or Activities with acceptance and knowledge of the risks involved and I knowingly and freely assume those risks.

Every organized Event or Activity sponsored by Christ the King Community Church, a Washington non-profit corporation (“CTK”) is planned and supervised. However, unforeseen accidents and events can occur, particularly during youth activities. By signing this form, the Undersigned Party (the “Undersigned”), agree(s) on behalf of the Undersigned to waive the rights and assume and accept the risks as allocated below. For purposes of this Waiver and Release and the subject indemnities, the “CTK Forces” include CTK, its governing board(s), its officers, pastors, employees, volunteers, agents and its other representatives and successors and assigns (collectively “CTK’s Forces”).

I fully recognize there are inherent dangers and risks to which I may be exposed to or caused by participating in the Events or Activities. These include a myriad of ways someone can get injured or could injure others or property. This is particularly true for active events or outdoor activities. By signature below, I agree that I am personally responsible for all costs that might be incurred or caused by me for personal injury, medical treatment and transportation, and property damage to the extent other parties are not primarily liable for the same.

It is understood and agreed that the Undersigned participates voluntarily at my own will and am not required to participate. The Undersigned is required to obey all applicable rules, regulations and instructions for the Events or Activities.

In consideration of the opportunities to participate in Events or Activities, I hereby take the following actions for myself, my executors, administrators, heirs, next of kin, successors, and assigns, or anyone else who might claim and/or sue on my behalf or on behalf of my heirs and assigns, and I expressly acknowledge that it is my intent to take these actions:

- (A) I **WAIVE, RELEASE, AND DISCHARGE** the CTK Forces from any and all claims, allegations, losses, or liabilities for death, personal injury, disability, lost wages, property damage, medical and hospital bills, theft, economic losses, or other claim or damage of any kind, which may now or in the future arise out of my participation in Events or Activities, regardless of whether such claim or damage is due wholly or partially to CTK’s Forces’ negligence; and
- (B) I **WAIVE MY RIGHTS TO BRING AN ACTION AGAINST CTK Forces** for any of the claims, losses, or liabilities that I have waived, released, or mentioned above; and

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- (C) I **AGREE TO INDEMNIFY, DEFEND, and HOLD HARMLESS CTK Forces** from and against all claims, causes of action, harm to persons (personal injury or death), harm or damage to property, illness, liabilities, and all related costs and expenses, including reasonable attorneys' fees and other costs of dispute resolution (collectively, "Claims") including arising out of or resulting from any act or negligence of the Undersigned connected with an Event or Activity for which this Waiver and Release of Claims and Liabilities agreement applies. These indemnifications shall apply only to the extent of the intentional acts or negligence of the Undersigned connected with an Event or Activity for which this Waiver and Release of Claims and Liabilities agreement applies. This indemnification is made voluntarily; and
- (D) I **CONSENT TO EMERGENCY MEDICAL CARE, INCLUDING TRANSPORTATION**, as CTK Forces may deem appropriate if I am injured while participating in Activities, agree that the transportation, medical and hospital bills for such emergency medical care will be my own responsibility and not the responsibility of CTK Forces, and agree that CTK Forces has no duty to provide me with such care; and
- (E) I **affirm that this Waiver and Release of Claims and Liabilities is valid for all Events or Activities I undertake**, regardless of whether the Events or Activities occur at one event or time or many events or times, now or in the future; and
- (F) I **FURTHER AGREE THAT:** (i) a digital, scanned copy of this Waiver and Release of Claims and Liabilities shall be considered the same as the original for evidentiary purposes; and (ii) the terms of release, waiver, and indemnity contained herein are intended to be as broad and inclusive as allowed by the laws of the state of Washington, and the invalidity of any specific clause shall have no impact on the validity of any other clause.

MEDICAL INSURANCE

If you have medical insurance, your carrier will be billed for medical costs and expenses incurred by you. Please provide your medical insurance information.

Medical Insurance Company Name _____ Policy # _____
 Agent's Phone # _____ or Company's Claim Phone # _____
 Primary Insured Person(s) Signature(s) _____
 Print Name(s) _____

I HEREBY CERTIFY THAT I HAVE READ CAREFULLY, UNDERSTOOD, AND ACCEPTED THE CONTENTS OF WAIVER AND RELEASE.

Signature:	Date:
Printed Name:	