

EVENT RELEASE AND WAIVER OF LIABILITY

GCF WHARTON

Basic Information

Event Name: _____

Your Name: _____

Parent/Guardian (if under 18): _____

Daytime Phone: _____ Evening Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Insurance Provider: _____ Policy/Group #: _____

Name on Policy: _____

Emergency Contact Information

Name: _____

Relationship: _____

Phone Number: _____

For and in consideration of Grace Community Fellowship permitting me to attend this Event, I, my spouse, assignees, heirs, guardians, and legal representatives hereby voluntarily indemnify, release from liability, agree to defend and hold harmless GCF and its officers, trustees, employees, agents, representatives, and any department, organization or group affiliated there with (collectively "GCF") for any accident, injury, illness, death, loss, theft, damage to person or property, or other consequences suffered by me arising or resulting directly or indirectly from my participation in this event, including but not limited to claims arising from or related to GCF's negligence and/or products liability, including strict products liability. In the event that I am injured, I agree to assume any financial obligation, either through my health insurance, or through some other means, for any medical costs that I incur. GCF assumes no responsibility for any medical expenses, injury, or damage suffered by me in connection with my participation in this Event.

By my signature below, I declare that I have read and understood each the information provided above.

Signature

Date

Parent/Guardian Signature (if required)

Date