LIABILITY RELEASE FORM

Release of All Claims

In consideration for being accepted by Yosemite Lakes Community Church of the Sierras (YLCCOTS) for participation in the skate ramp on above property, we (I), being 21 years of age or older, do for our selves (myself) (and for and on behalf of my child-participant if said child is not 21 years of age or older) do hereby release, forever discharge and agree to hold harmless Yosemite Lakes Community Church of the Sierras (YLCCOTS) and the directors thereof from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the child-participant that may occur while said child is participating in the above described activity.

Furthermore, we (I) (and on behalf of our (my) child-participant if under the age of 21 years) hereby assume all risk of personal injury, sickness, death, damage and expense as a result of participation in recreation of the skate ramp at the above named facility.

The undersigned further hereby agree to hold harmless and indemnify said church, its directors, employees and agents, for any liability sustained at said church as the result of the negligent, willful or intentional acts of said participant, including expenses incurred attendant thereto.

Participant agrees to follow the rules of safety, including providing and wearing of safety gear (helmet is mandatory, knee and elbow pads are encouraged), at all times.

(If the participant has not attained the age of 21 years):
We (I) are the parent(s) or legal guardian(s) of this participant, and hereby grant our (my) permission for him (her) to participate fully in said activity, and hereby give our (my) permission to take said participant to a doctor or hospital and hereby authorize medical treatment, including but not in limitation to emergency surgery or medical treatment, and assume the responsibility of all medical bills, if any.

Further, should it be necessary for the particpant to return home due to medical reasons, disciplinary action or otherwise, we (I) hereby assume all transportation costs.

_____ _____

(Type or print name of participant) Father (please print) Date

_____ _____

(Parent(s) telephone) Mother (please print) Date

_____ _____

(Pastor's telephone) Legal Guardian (please print) Date

Hospital/Medical Insurance ___ Yes ___ No _____

Insurance Company Participant, if age 21 (plea se print) Date

_____

Policy Number _____ _____

Parent(s) or Guardian(s) signature

Physician _____

Physician's phone _____ Emergency contacts - name(s) and number(s)

1) _____

2) _____

PARTICIPANT AGREEMENT:

I have read the rules and safety requirements stated above and agree to abide by them as well as the directions of the leadership involved.

_____

(Participant)