Coeur d'Alene
BIBLE CHURCH

MEDICAL RELEASE FORM AND LIABILITY WAIVER

I, _____, (PARENT/LEGAL GUARDIAN), give my permission for

_____, (MINOR'S NAME) to participate in

_____, (ACTIVITY).

The undersigned parent or legal guardian acknowledges that participation in the activity described above involves risk to the participant (and to participant's parents or guardians, if participant is a minor), and may result in various types of injury including, but not limited to, the following: sickness, bodily injury, death, emotional injury, personal injury, property damage, and financial damage.

In consideration for the opportunity to participate in the ACTIVITY described above, the participant (or parent/guardian) acknowledges and accepts the risks of injury associated with participation in the activity. The participant (or parent/ guardian) accepts personal financial responsibility for any injury or other loss sustained during the activity, as well as for any medical treatment rendered to the participant that is authorized by Coeur d'Alene Bible Church or its agents, employees, volunteers, or any other representatives. Further, the participant (or parent/guardian) releases and promises to indemnify, defend, and hold harmless Coeur d'Alene Bible Church for any injury arising directly or indirectly out of the described activity, whether such injury arises out of negligence of Coeur d'Alene Bible Church, the participant, or otherwise.

If a dispute over this agreement or any claim for damages arises, the participant (or parent/guardian) agrees to resolve the matter through a mutually acceptable alternative dispute resolution process. If the participant (or parent/guardian) and Coeur d'Alene Bible Church cannot agree upon such process, the dispute will be submitted to a three-member arbitration panel for resolution pursuant to the rules of the American Arbitration Association.

____Coeur d'Alene Bible Church sometimes uses photographs taken during events for various purposes on our website, in our brochures, etc. Please check here if you would prefer us NOT to use your student's picture.

My signature below confirms that I have read, understand, and do agree to the above terms.

_____ _____
PARTICIPANT SIGNATURE DATE

_____ _____
PARENT/LEGAL GUARDIAN DATE

Address: _____ City: _____ State: _____ Zip: _____

Phone Numbers: _____ (Day) _____ (Evening)

List of ***allergies***, if any: _____

List of current ***medication***, if any:_____

Insurance Company or Group: _____

Policy Number: _____ Date of Birth: _____