

LIABILITY RELEASE FORM EVENT

I give my permission for _____ to attend the following activity: _____.

I acknowledge that participation in the activity above involves risk to the Participant (and to Participant's parent 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 "Activity"), the Participant (or parent/guardian if Participant is a minor) acknowledges and accepts the risks of injury associated with participation in and transportation to and from the Activity. The Participant (parent/guardian) accepts personal financial responsibility for any injury or other loss sustained during the Activity or during transportation to and from the activity, as well as for any medical treatment rendered to the participant that is authorized by Portland Christian Center or its agents, employees, volunteers, or any other representatives (collectively referred to hereinafter as the "Activity Sponsor"). Further, the Participant (or parent/guardian) releases and promises to indemnify, defend, and hold harmless the Activity Sponsor for any injury arising directly or indirectly out of described Activity or transportation to and from the Activity, whether such injury arises out of negligence of Activity Sponsor, the Participant, or otherwise.

Photo Use Clause

I hereby grant to Portland Christian Center a license to capture and store the name, image and voice of myself and the above listed child with respect to the above named activity for use in any printed, electronic or internet publications of the Church.

I have been advised to read this document carefully before signing. I have thoroughly read the contents of this release and agree to the terms stated.

Participant's Signature (if currently age 18 or above)

Date

Parent/Guardian Signature (Required if under age 18)

Date

I acknowledge that my/ my child's medical release form is up to date. _____ (initial)