

# CALVARY TRAINING

## Liability Waiver and Indemnity Agreement / Registration Form Participant Registration / Child's & Parent or Legal Guardian's Information

Print Full Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_

Grade/School: \_\_\_\_\_

City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

### Parent or Legal Guardian's Information

Print Full Name: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_ Apt #: \_\_\_\_\_

Home Phone: \_\_\_\_\_

City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

### Photo / Video Consent & Release

It is our desire to chronicle the progress and growth of Calvary Training by taking video and pictures of what goes on within this ministry. We would like to ask for your parental or guardianship consent to do so in the future.

I, \_\_\_\_\_, hereby authorize Calvary Chapel Morgantown and the Calvary Training ministry to use my child's image and likeness. No image or likeness will be used outside of the sole purpose of sharing what God is doing through the youth in our community who participate in our Calvary Training program.

\_\_\_\_\_  
Parent or Legal Guardian's Signature

\_\_\_\_\_  
Date

### First Aid & Emergency Medical Attention

I recognize that there may be occasions where my child may be in need of first aid or emergency medical attention as a result of an accident, illness, simple participation in an activity, or other health condition or injury. I do hereby give permission for agents of Calvary Chapel Morgantown to seek and secure any needed medical attention or treatment, including hospitalization, if in the agent's opinion such need arises. I agree to be held responsible for ALL fees and costs arising from this action to obtain medical treatment for my child. I give permission for attending physicians(s) and other medical personnel to administer any needed medical treatment, including surgery, and without limiting the forgoing, I agree to pay for the medical treatment.

\_\_\_\_\_  
Initial

### Medical Release / Emergency Contact Information

I hereby authorize the staff at Calvary Chapel Morgantown to act for me according to their best judgment in any emergency requiring medical attention. My child has passed a physical examination by a doctor and there are NO current physical conditions or mental impairments that would be effected by participation in the Calvary Training program.

\_\_\_\_\_  
Initial

Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

Other Medical Conditions: \_\_\_\_\_

Emergency Contact #1: \_\_\_\_\_

Phone: \_\_\_\_\_

Emergency Contact #2: \_\_\_\_\_

Phone: \_\_\_\_\_

# CALVARY TRAINING

## Liability Waiver and Indemnity Agreement / Registration Form

### Liability Waiver and Indemnity Agreement

By signing this Permission and Waiver form, I expressly assume ALL risks for myself and/or my child participating in Calvary Chapel Morgantown activities, whether such risks are known or unknown to me at this time. I further release Calvary Chapel Morgantown and its Board of Directors, Pastor's, leaders, employees and volunteers from any claims that my child and/or I may have against them as a result of injury or illness incurred during the course of participation in Calvary Training. This release of liability shall include, without limitation, any claims of negligence. This release of liability is also intended to cover ALL claims that members of the child's or my family or estate, heirs or representatives may have against Calvary Chapel Morgantown or its Board of Directors, Pastor's, leaders, employees or volunteers. I do hereby for and on the behalf of myself and my heirs and legal representatives, RELEASE and forever discharge Calvary Chapel Morgantown, its officers and representatives, from any and ALL claims, demands and injuries, howsoever arising, in any way related to the claim or legal cause of action therefore. By signing below, I do hereby agree to INDEMNIFY and hold harmless Calvary Chapel Morgantown and its representatives from any costs or expenses, including legal fees, it may incur in enforcing my covenant and agreement herein. I HAVE READ AND UNDERSTAND THIS FOREGOING RELEASE AND INDEMNITY AGREEMENT. \_\_\_\_\_

Initial

### Parent or Legal Guardian Permission

I represent that I am the parent/guardian of the child listed below, who is under the age of 18 years of age. I have read the above Permission and Waiver Form and am fully familiar with, understand and I am aware of the contents thereof. I give permission for the child named below to participate in Calvary Training and the ministry of Calvary Chapel Morgantown. I hereby give consent to this Permission and Waiver Form, including the participant covenant, Release and Liability and Indemnification provisions above, on behalf of the child, and agree that this permission and waiver form shall be binding upon myself and my estate. Without limiting the forgoing, I acknowledge and agree that if my child breaks or is in violation the participant covenant, he or she is subject to being asked to leave or sent home immediately.

\_\_\_\_\_  
Participant / Child's Name

\_\_\_\_\_  
Parent or Legal Guardian's Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Legal Guardian's Signature

### Notary (Signature must be notarized unless signed in the presence of CT staff)

STATE OF WEST VIRGINIA  
MONONGALIA COUNTY

Notary Public Stamp:

The forgoing was acknowledged before me this  
\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by

\_\_\_\_\_  
Notary Public Signature

\_\_\_\_\_  
Name of Person Being Acknowledged by Notary Public

\_\_\_\_\_  
Type of Identification and Number Provided

