



Name of Adult Participant: _____

Name of Minor Participant: _____

Date of Birth (if minor): _____

Name of Parents (or legal guardian) of Minor Participant:

Mother: _____

Father: _____

Guardian: _____

I, the undersigned adult participant and/or parent/legal guardian of the above named minor participant for myself and/or such minor, our heirs, personal representatives, assigns and next of kin, request permission to participate in the following event, organized and/or conducted by the theChapel Church, Inc. which event shall include the use of the property, facilities, transportation and other services provided by or on behalf of the theChapel Church, Inc. or third parties attendant with such event:

Collectively, such event and the use of the property, facilities, transportation and other services provided by or on behalf of the theChapel Church, Inc. or third parties attendant with such event shall be referred to as the "Activity".

In consideration for theChapel Church, Inc. to permit my and/or such minor's participation in such Activity, and intending to be legally bound, I, individually and on behalf of such minor, do hereby:

1. Agree to observe and obey and instruct such minor to observe and obey all written rules and warnings and any oral instructions or directions provided by theChapel Church, Inc., or the employees, representatives or agents of theChapel Church, Inc.
2. Recognize that there are certain inherent risks associated with the Activity, including, without limitation, risks attendant with interaction with other participants, travel and exposure to nature and the elements and for myself and/or on behalf of such minor assume full and complete responsibility for all risks including, but not limited to risks of i) serious personal injury or death to myself and/or such minor, and ii) serious damage to my property and/or the property of such minor.

3. Release theChapel Church, Inc., its employees, agents, representatives, successors and assigns (collectively, “theChapel Church, Inc.”) of and from any and all liabilities, costs, obligations, causes of action, demands and/or claims of any nature whatsoever, whether arising at law or in equity, I and/or such minor may have or may hereafter have, against theChapel Church, Inc. by reason of any matter,cause or action arising from the Activity and further to protect, defend, hold theChapel Church, Inc., harmless and to indemnify theChapel Church, Inc. against claims, damages and and of limitations periods under which a claim may be brought thereafter.

4. Represent that I have legal authority over and custody of such minor.

5. Understand the Activity may be conducted at some distance from available medical assistance. In case of illness or injury to such minor, I understand that reasonable effort will be made to contact me or any other designated parent/legal guardian of such minor and in case of a medical emergency, 911, if available, will be called. In the event that I or any other parent/ legal guardian cannot be notified or are not available, I authorize theChapel Church, Inc. designated Activity supervisor to provide first aid treatment and consent to appropriate additional medical treatment or attention as may be required by the circumstances, for such minor (and myself if I am participating in the Activity and unable to provide informed consent for myself) , including without limitation, diagnostic tests, anesthetic and surgical procedures, admission to hospital care and such other medical treatment as determined to be reasonably necessary and appropriate by a licensed healthcare provider, including any first responder and/or physician. I understand that theChapel Church, Inc. provides no insurance which will cover me or such minor in conjunction with the Activity or in conjunction with any provided medical care and I agree to be fully responsible for any medical treatment costs provided to me and/or such minor. I maintain accident and health insurance for myself and such minor.

MEDICAL INFORMATION: Please list all pertinent medical information (for example, allergies, medications, physical impairments, or any other information necessary for a healthcare). Explain fully:

Medical Information for Minor Participant: _____

Medical Information for Adult Participant: _____

6. Agree i) that theChapel Church, Inc., shall have the right to unilaterally terminate my and/or such minor’s participation in the above named Activity for cause, such cause to be determined within the sole discretion of theChapel Church, Inc. Activity Supervisor, without refund any remitted fees or costs and ii) I shall reimburse theChapel Church, Inc. for any reasonable travel and other costs incurred to return me and/or such minor to the original point of departure.

7. Understand that reasonable care and supervision will be exercised by theChapel Church Inc., its agents, employees and representatives during such minor’s participation in the Activity, but further acknowledge, it is not possible to supervise such minor literally at all times during such Activity and will instruct such minor to adhere to proper standards of conduct and to observe and obey all written rules and warnings and any oral instructions or directions provided by theChapel Church, Inc., or its employees, representatives or agents, especially when not being directly supervised. I further understand and assume the risks inherent with participation in the Activity and shall at all times be responsible for myself during the Activity and the supervision of such minor, should I choose to attend the Activity, notwithstanding the fact theChapel Church, Inc. shall have its agents, employees and representatives present at such Activity.

X _____ X _____
Signature of Adult Participant Signature of Parent and/or Legal Guardian of Minor Participant

Date: _____ Date: _____