

Waiver, Release and Assumption of Risk Form

As a condition of my participation and in consideration of participating in this Activity I _____, for myself, my heirs, successors or assigns, hereby assume any and all risks attendant to participation in the Activity, including claims resulting from uses in any way resulting from or associated with the activities included in the Activity. I understand that I am responsible for my own safety, health and welfare during this activity. I acknowledge and agree that the activities are required to complete the Program. However, I will be provided with alternative activities if I do not feel comfortable or safe participating in any of the normally scheduled activities. There will be no penalties associated if I do not feel that it is appropriate for me to participate in a particular activity and that I agree I will consider my own abilities, health and welfare and agree that I will refrain from participating in any activity for which I do not feel competent, comfortable or safe.

I, _____, have been informed of, understand and am aware that any exercise, drills or conditioning, whether or not requiring the use of equipment, is a potentially hazardous activity. I have also been informed of, understand and am aware that any exercise, competition and/ or fitness activities involve a risk of injury, as well as abnormal changes in blood pressure, fainting and a remote risk of heart attack, stroke, other serious disability or death, and that I am voluntarily participating in these activities and using equipment, facilities and machinery with full knowledge, understanding and appreciation of the dangers involved. I hereby agree to expressly assume and accept any and all risks of injury, regardless of severity or death.

I have been advised that an examination by a physician should be obtained by anyone prior to commencing a sporting, fitness and or exercise program, or initiating a substantial change in the amount of regular physical activity performed. If I, _____, have chosen not to obtain a physician's consent prior to beginning a sports or fitness program, I hereby agree that I am doing so solely at my own risk. In any event, I acknowledge and agree that I assume the risks associated with any and all sports, fitness related activities and/or exercise in which I participate.

I, _____, for myself, my heirs, successors or assigns, hereby **waive** any and all claims that may result from participation in activities, transportation assets and the use of Village Baptist Church/Village Christian Academy facilities and hereby **release and hold harmless** the Village Baptist Church, Village Christian Academy, its Board of Trustees, agents, servants, and employees specifically including but not limited to the employees, volunteers and agents associated with the sport, activity, equipment, facility or vehicle, from any and all claims, demands, causes of action or damages which may accrue on account of bodily or personal injury, property damage or death arising from the use of the facilities or this activity.

I understand that this is a GENERAL ASSUMPTION OF RISK, WAIVER AND GENERAL RELEASE OF ANY AND ALL CLAIMS OR CAUSE OF ACTION that I may have or might accrue as a result of the use of the facilities, equipment, vehicles, sport or this activity.

The invalidity of any portion of this Agreement shall not affect the enforceability of the remaining portions.

READ CAREFULLY, THIS IS A PERMANENT RELEASE OF ALL CLAIMS OF ANY TYPE OR NATURE IN ANY WAY ASSOCIATED WITH PARTICIPATION IN SPORTS, ACTIVITIES OR WITH THE USE OF THE EQUIPMENT, VEHICLES AND FACILITIES.

Participant Signature _____, **Date:** _____

Printed Name: _____

Parent or legal Guardian Signature _____, **Date:** _____
(If Participant is under 18)

Printed Name: _____