

## WAIVER & RELEASE FROM LIABILITY Grades 5-12 · 2021-2022

| Stu | uden | ıt's L | ₋ast | Nam | ne |    |  |
|-----|------|--------|------|-----|----|----|--|
| Stı |      | ıt's ( |      | e   |    | 11 |  |

## COMPLETED BY PARENT/GUARDIAN & CHILD

| Please initial on the lines provided, parent/guardian on the left, child on the right. |
|----------------------------------------------------------------------------------------|
|----------------------------------------------------------------------------------------|

| (Adult)                                                 | (Child)                                   | Calvary Church is not responsib                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | for the loss or theft of personal belongings.                                                                                                                                                                                                      |  |  |  |
|---------------------------------------------------------|-------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|
| (Adult) (Child)                                         |                                           | Misconduct may result in transportation home from an activity at student or his/her parents' expense.                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                    |  |  |  |
| (Adult)                                                 | (Child)                                   | A student dismissed for a disciplinary reason will not receive a refund of the activity fee.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                    |  |  |  |
| (Adult)                                                 | (Child)                                   | I hereby agree for my child, myself, my executors, administrators, heir, next of kin, successors and assigns:                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                    |  |  |  |
|                                                         |                                           | a) I agree not to sue Calvary Church, its employees, staff, agents, representatives, volunteers, drivers, activity hosts, sponsors, church members, affiliates, attorneys, successors, and/or agents ("Releasees") for any claim, loss, damage, personal injury (including injuries causing death), property damage, or the like, suffered or incurred by me or my family member(s) in connection with any activity related to Calvary Church, whether on or off Calvary's premises, except in the case of gross negligence on the part of Calvary Church staff or volunteers. |                                                                                                                                                                                                                                                    |  |  |  |
|                                                         |                                           | b) I additionally indemnify and hold Releasees harmless from any claims made or liabilities assessed against them as a result of my child's actions or inactions. I hereby assume all of the risks of participating in Calvary Church Kids & Students Ministry activities.                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                    |  |  |  |
|                                                         | ED BY PAI                                 | RENT/GUARDIAN<br>in each blank.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                    |  |  |  |
| permission for the conducted by Ca                      | he above named o                          | child to participate in the activities s & Students Ministry from 2.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | I, the parent or legal guardian of, acknowledge that Calvary Church and Releasees are not a transportation service and that they are not associated with any transportation service.                                                               |  |  |  |
| indemnify, defer<br>Leaders, and Re<br>sustained to, du | nd, release and he<br>eleasees of any res |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | I, the parent or legal guardian of, acknowledge that Calvary Church and Releasees have made no representations relating to the safety of the activity(ies) and that I am not relying on any alleged representations by Calvary Church of any kind. |  |  |  |
|                                                         | , hereby give                             | arent or legal guardian of<br>e permission to the physician and/<br>sthesia or surgery for my child                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | I, the parent or legal guardian of, acknowledge that Calvary Church and Releasees are not an activity sponsor or promoter.                                                                                                                         |  |  |  |
|                                                         | ssary by the appr<br>my child's medio     | opriate professionals and in cal history.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | I, the parent or legal guardian of, hereby grant Calvary Church permission for my child's image to be taken and used in Calvary publications in print and online.                                                                                  |  |  |  |
|                                                         |                                           | Photocopies of this signed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | original shall be deemed to be an original counterpart of this authorization.                                                                                                                                                                      |  |  |  |
| STUDENT NAM                                             | E                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | SIGNATURE                                                                                                                                                                                                                                          |  |  |  |
| (PLEASE PRINT)                                          |                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | DATE                                                                                                                                                                                                                                               |  |  |  |
| PARENT/GUARDIAN NAME(PLEASE PRINT)                      |                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | SIGNATURE                                                                                                                                                                                                                                          |  |  |  |
|                                                         |                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | DATE                                                                                                                                                                                                                                               |  |  |  |

## **INSURANCE & ALLERGY INFO**

| Name of Insurance Company                                                                                 | Policy Number                                                                              |
|-----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| Phone No. of Health Insurance Company                                                                     |                                                                                            |
| Name of Policy Holder                                                                                     | Policy Holder's Phone No.                                                                  |
| Please list any existing medical conditions, including a                                                  | allergies, below.                                                                          |
| Are there any special needs (ex. social disorders, disablike us to be aware of?                           | pilities, etc.) or special circumstances (ex. recent deaths in the family), that you would |
|                                                                                                           |                                                                                            |
| If you would like to speak with a pastor regarding the contact Calvary Kids & Students (calvarystudents@d |                                                                                            |
|                                                                                                           | Gender □ Male □ Female                                                                     |
| Date of Birth (MM/DD/YYYY)                                                                                | Phone                                                                                      |
| Student Email                                                                                             |                                                                                            |
| School Attending                                                                                          |                                                                                            |
| Parent/Guardian Name #1                                                                                   | Parent/Guardian Name #2                                                                    |
| Parent/Guardian Email #1                                                                                  | Parent/Guardian Email #2                                                                   |
| Parent/Guardian Cell Number #1                                                                            | Parent/Guardian Cell Number #2                                                             |
| Address                                                                                                   | Zip Code                                                                                   |