

**COVENANT FELLOWSHIP CHURCH**  
**RELEASE/WAIVER OF LIABILITY AND INDEMNIFICATION AGREEMENT**

I am the parent or legal guardian of \_\_\_\_\_ (“my child”), who is under 18 years old. In consideration for my child’s participation in the Vacation Bible School (“VBS”) of Covenant Fellowship Church (“CFC”), I affirm and agree with the following statements:

1. I voluntarily agree to allow my child to participate in VBS, and expressly assume any and all dangers, hazards, and risks associated with my child’s participation in VBS.
2. My child is physically sound and suffering from no condition, impairment, disease, or other illness that would hinder my child’s participation in VBS. It is my responsibility to ensure that my child follows any restrictions, prescriptions, or limitations that apply to his/her physical condition or state of fitness.
3. I understand that my child’s participation in VBS may include physical activity that requires strength, flexibility, and/or stamina, and that my child could become injured while participating in such activity, especially if he/she exceeds the limits that his/her body is capable of performing.
4. I will familiarize myself with any applicable VBS rules and abide by them. I understand that CFC retains the right to suspend or terminate my child’s participation in VBS if it believes that my child or I have failed to comply with any VBS rules or instructions, or for any other reason in its sole discretion.
6. Except where such an exception is prohibited or limited by applicable law, except for any claims, actions, liability, and/or demands (“Claims”) that arise from, are caused by, or result from the gross negligence or willful misconduct of CFC and its employees, volunteers, independent contractors, agents, assignees, representatives and successors in interest (collectively, “Affiliates”), I hereby release, forever discharge, and agree to hold harmless CFC and its Affiliates from any and all Claims for bodily injury, property damage, wrongful death, loss of services, or otherwise, which may arise out of the my child’s participation in VBS, which may hereafter accrue to me against CFC and/or its Affiliates. [OPTIONAL: This Release/Waiver is understood to also be in effect with respect to, and to include any persons who may be engaged in, the transportation, treatment or attending to, or accompanying me to any facility for Medical Treatment on or off of VBS property, on the same basis and terms as stated above.] I further agree to hold harmless and indemnify CFC and its Affiliates from any Claims resulting in any way from my acts or omissions.
7. I hereby give CFC and its Affiliates the irrevocable right to copy, display, publish, or otherwise use my child’s image in any form of media that now exists or may exist in the future, and give others permission to copy, display, publish, or otherwise use my child’s image, so long as CFC and/or its Affiliates determine that doing so supports or benefits CFC’s mission.
8. I agree that any dispute that I may have with CFC and/or its Affiliates regarding my child’s participation in VBS and/or this Release/Waiver shall be settled only by mediation, or, if necessary, legally binding arbitration in accordance with the Rules of Procedure of the Institute for Christian Conciliation of Peacemaker Ministries, [www.peacemaker.net](http://www.peacemaker.net). I understand that the decision and/or award of an arbitrator may be entered in any court otherwise having jurisdiction and that such a decision and/or award shall be the sole remedy to any dispute and is non-appealable.
9. I recognize and fully understand and agree that in the event it becomes necessary for my child to receive medical treatment during my child’s participation in VBS, reasonable efforts will be made to contact the persons listed on my child’s Medical Disclosure Form to obtain directions and authorization

for such treatment. However, if the person(s) listed cannot be reached, I hereby authorize, direct, and give my full and complete permission to CFC and/or any Affiliates to seek medical treatment for my child, including selecting and authorizing medical professional(s) (including, but not limited to nurses, LPNs, PAs, paramedics, doctors, or dentists) to take such action as is deemed necessary by any attending medical professional. I further give my full and complete authorization to such medical professional to hospitalize, order injections, administer anesthesia, perform surgery, or secure additional necessary medical treatment for my child as necessary and/or appropriate under the circumstances as determined by the medical professional. I further certify that I am willing to assume the risk of any medical or physical condition that my child may have. I further understand and acknowledge that it is my duty to provide accurate and current information of such conditions on the Medical Disclosure Form.

I recognize and fully understand that the insurance coverage listed on my Medical Disclosure Form will be used as the sole insurance coverage for my child in the event medical treatment is needed, and that I (or the responsible party for my insurance coverage) am solely and personally responsible for any payments or charge(s) not covered by such insurance. I further understand, acknowledge, and agree that no such insurance coverage is or will be provided for me by CFC. I understand and agree that if I do not currently have valid health insurance coverage, none will be provided for me by CFC, and that I (or the responsible party for my insurance coverage) am responsible for any and all costs associated with medical treatment that may be required as a result of my child's participation in VBS.

10. Should any provision of this Release/Waiver be held to be void, invalid or inoperative, the remaining provisions of this Release/Waiver shall not be affected and shall continue in effect and the invalid provision shall be deemed modified to the least degree necessary to remedy such invalidity.

**I (WE), \_\_\_\_\_, AM (ARE) THE PARENT(S) OR LEGAL GUARDIAN(S) OF \_\_\_\_\_, A CHILD UNDER THE AGE OF 18 YEARS, AND I (WE) HAVE THE SOLE AND EXCLUSIVE RIGHT AND AUTHORITY TO ENTER INTO THIS RELEASE/WAIVER ON MY CHILD'S BEHALF AND TO GRANT THESE RIGHTS.**

_____ <i>Parent/Guardian Signature</i>	_____ <i>Parent/Guardian Signature</i>
<i>Name:</i> _____	<i>Name:</i> _____
<i>Address:</i> _____	<i>Address:</i> _____
_____	_____
<i>Email:</i> _____	<i>Email:</i> _____
_____	_____
<i>Phone:</i> _____	<i>Phone:</i> _____
_____	_____