

# Calvary Chapel Rock Climbing

**Saturday, March 27th, 2010**

Name: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

***If participant is under 18 years of age, Calvary Chapel requires a parents or legal guardians signature prior to participation in this weekend activity.***

RELEASE OF LIABILITY. PLEASE READ CAREFULLY BEFORE SIGNING.

## **Participant assumes full responsibility for risk and liability.**

**I KNOWINGLY AND FREELY ASSUME ALL RISKS, BOTH KNOWN AND UNKNOWN, EVEN IF ARISING FROM THE NEGLIGENCE OF OTHERS, AND I ASSUME FULL RESPONSIBILITY FOR MY PARTICIPATION IN THIS ACTIVITY.**

I hereby agree to release Calvary Chapel of Albany, it's agents, officers, and/or employees, from any and all liability for injury, damage, or death to myself or to any other person which may arise as the result of participating in this activity.

## **Medical Services Agreement.**

**IN CASE OF INJURY OR DAMAGE, I HEREBY GIVE PERMISSION TO THE REPRESENTATIVES, AGENTS, OR OFFICERS OF CALVARY CHAPEL OF ALBANY TO SEEK THE CLOSEST MEDICAL TREATMENT FOR ME AND I AGREE TO TAKE FULL RESPONSIBILITY TO COMPENSATE MEDICAL CARE GIVERS.**

## **Binding Upon Heirs, etc.**

**I UNDERSTAND THAT THIS CONTRACT IS LEGALLY BINDING UPON ME, MY HEIRS, ASSIGNS AND LEGAL REPRESENTATIVES.**

**I the undersigned, have read, understood and voluntarily agree to the above.**

Parent or Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

In Case of Injury...  
Insurance Provider: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Emergency Ph #: \_\_\_\_\_