



PARTICIPANT AGREEMENT, WAIVER AND RELEASE FORM
THIS FORM MUST BE COMPLETED BEFORE ANY PARTICIPATION WILL BE ALLOWED

Participant's Name: _____ Date of Birth: ____ / ____ / ____

Address: _____ City/State/Zip: _____

Gender (circle one) M F Age: _____ Email: _____

Home Phone: _____ Cell Phone: _____

Emergency Contact: _____

Relationship to Participant: _____

Phone Number: _____ Alternate Contact Method: _____

LIABILITY WAIVER

I certify that I am volunteering to participate in (activity name / description):

I further certify that I am in good health and have no physical or other impediment which would endanger me while participating in this activity. I will not be under the influence of drugs or alcohol, which would impair my ability. I acknowledge and agreed this activity has inherent risks. I have full knowledge of the nature and extent of all the risks associated with this activity.

In consideration of my participation in this activity, I agree (on behalf of myself, my heirs, executors, administrators, and assigns) to release, discharge, waive and relinquish Epic Church (or its officers, agents, employees and volunteers) from any and all liabilities, claims, or actions for personal injury, property damage, or wrongful death which may arise out of my participation.

I HAVE CAREFULLY READ BOTH FRONT AND BACK OF THIS AGREEMENT, WAIVER AND RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND EPIC CHURCH AND I SIGN IT OF MY OWN FREE WILL.

Participant Signature: _____ Date: ____ / ____ / ____



CONSENT OF PARENT/GUARDIAN

(To be completed and signed by parent/guardian for participants under 18 years of age).

I certify that I am the parent or legal guardian of the above participant and that I am entitled to his or her custody and control and I do hereby give permission for the Child to participate in the above activity. I further certify that the Child is in good health and has no physical or other impediment which would endanger him or her while participating in this activity. I realize that by participating in this program, the Child will be exposed to a risk of injury or death. I understand the dangers incidental to participating in the program and the need for safety precautions, and I have discussed the dangers of the program and the need for safety precautions with the Child. I hereby execute the above Agreement Waiver, and Release on his/her behalf.

Parent/Guardian Signature: _____ Date: ____ / ____ / ____

Parent/Guardian Name: _____ Relationship: _____