

**The Back Door Skaters  
WAIVER AND RELEASE FORM**

Name (Print) \_\_\_\_\_ Grade \_\_\_\_ Age \_\_\_\_ Gender M F  
Health Care # : \_\_\_\_\_ Student Email \_\_\_\_\_ (Print neatly)  
Emergency Contact Phone Number(s): \_\_\_\_\_  
Allergies: \_\_\_\_\_

**--- PLEASE READ CAREFULLY ---**

**ASSUMPTION OF RESPONSIBILITY, RISKS AND LIABILITY WAIVER**

**ASSUMPTION OF RISKS:**

I realize that participation in the **Back Door Skaters @ Zion Evangelical Missionary Church** is at the risk of injury to me. Such risks may include, but are not restricted to slip, fall, physical contact with other people, equipment or facilities or related accidents. I freely and voluntarily accept and assume all responsibility for such risks, dangers and hazards and the possibility of personal injury, death, violence, property damage or loss, during all the time of this program, resulting from the programming, attendance and participation in this program.

**ASSUMPTION OF RESPONSIBILITY:**

I accept my responsibility that the above named participant will ensure that he/she has adequate medical coverage, and that he/she will be responsible to protect personal possessions.

**LIABILITY WAIVER:**

In consideration of approval to participate in the named above, I and any personal representative, hold harmless, release and forever discharge **Zion Evangelical Missionary Church, Church Board, Pastors, staff, volunteers, agents, or employees** from any and all actions, causes of actions, including negligence, claims and demands for damages, loss or injury, resulting from or arising out of my participation in this **Back Door Skaters** event @ **Zion Evangelical Missionary Church**.

**INDEMNIFICATION:**

I also indemnify and save harmless **Zion Evangelical Missionary Church** from any and all actions, cause of actions, demands, expenses or losses whatsoever which they may bear as a result of my participation in the above event, by reason of damage to any and all property and any and all personal injuries, including death of others or myself.

\_\_\_\_\_  
Signature Parent / Guardian (Mandatory)

\_\_\_\_\_  
Signature of Witness

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (D/M/Y)