



RELEASE OF LIABILITY AND ASSUMPTION OF RISK – ONSITE EVENT Palma Ceia Presbyterian Church – Under 18 Years

Event Name: _____

Date of Event: _____

Event Description: _____

I/ we desire for our child named below (referred to as “child”) to participate in the Event as described above (the “Event”) provided by Palma Ceia Presbyterian Church of Tampa, Florida, Inc. (“PCPC”). In consideration for my/our child’s participation in the Event, and in recognition of PCPC’s reliance hereon, I/we agree to all terms and conditions set forth in this Release of Liability and Assumption of Risk Agreement (this “Release”)

I/we are aware and understand the Event may expose my/our child to a variety of foreseen and unforeseen hazards and risks. I/we acknowledge that my/our child is voluntarily participating in the Event and I/we have considered those risks. I/we hereby expressly and specifically assume such risks, including any risk of injury, harm, disability, death, illness, or disease that my/our child may be exposed to by participating in the Event.

I/ we hereby agree, for my child and my child’s heirs, parents, guardians, representatives, successors, and assigns, to fully WAIVE AND RELEASE PCPC and its officers, administrators, trustees, staff, representatives, employees, contractors, volunteers, agents, affiliates, and insurers (collectively the “Released Individuals”) FROM AND AGAINST ANY AND ALL INJURIES, DAMAGES, CLAIMS, ACTIONS, EXPENSES, LIABILITY, OR LOSSES OF ANY KIND to, or caused by, me/us or my/our child arising out of or in any way related to participation in the Event, whether caused by the negligence of PCPC, any Released Individuals, or otherwise. I/we covenant not to bring a claim against PCPC or the Released Individuals and forever release and discharge PCPC and the Released Individuals from liability under such claims. I/we further agree to INDEMNIFY AND HOLD HARMLESS PCPC and the Released Individuals from liability for the injury or death of any person(s) and damage to property that may result from my/our child’s negligence or intentional act or omission while participating in the Event described above.

I/we acknowledge that this Release shall waive all rights by me/us, my/our child, or anyone acting on our behalf, individually or collectively, to pursue relief for injuries, damages, or losses against PCPC or the Released Individuals in any forum and under any theory; including, but not limited to, theories of contract and tort. I/we further agree that this Release unequivocally is intended to waive all claims against the Released Individuals due to any cause, including their own negligence or gross negligence. This Release is effective as of the date written below and is to be construed according to the laws of Florida. This Release may be modified only in a writing signed by both me and an authorized representative of PCPC. I/we have executed this Release freely and voluntarily and without duress or coercion of any kind. I/we further represent that I/we have been given adequate time to review this Release and that I/we completely understand the language used in it as well as the rights waived by my/our signature. If any portion of this Release is found invalid or overbroad by a court of competent jurisdiction, I/we agree that the remaining portions shall continue in full effect, or that this Release will be modified to the minimum extent required to ensure validity, as appropriate. I/we hereby acknowledge that I/ we executed PCPC’s separate “Emergency Medical Treatment Authorization Form” and that such authorization is incorporated herein and included in this Release.

Name of Child: _____ Grade: _____ Birthdate: _____

The consent of both married parents or all legal guardian(s) of the child named above is given below with the signature of one parent or legal guardian, acting as an agent for both parents or all legal guardian(s).

Parent/Guardian Signature: _____ Date: _____

PARENT/GUARDIAN INFO

Printed Name(s): _____

Address: _____

City, Zip: _____

Phone number where you want to be reached during the Event: _____

Child Resides with (select one): Both Parents/ Mother/ Father/ Guardian