

DALLAS BIBLE CHURCH
Affirmation, Waiver and Release

Activity : _____

Date of Activity : _____

By signing below, I acknowledge that I have read this form, understand it, and have signed it voluntarily. I also acknowledge that if I have questions about any aspect of the above-referenced Activity, I have sought answers to those questions. By signing below, I acknowledge that there may be some inherent dangers associated with participating in the Activity, and further acknowledge that some, or all, of the Activity may take place off of the Dallas Bible Church premises.

As part of the consideration for being allowed to enroll and participate in the Activity, I hereby personally assume all risks in connection with participation in the Activity. I understand and agree that neither Dallas Bible Church, nor its trustees, representatives, instructors, pastors, elders, staff members, hosts, volunteers, or agents (the "Releasees") may be held liable in any way for any injury, harm, or other damages that may occur in connection with my or my child's participation in the Activity. I further release the Releasees from any liability for any injury or damage which may occur while enrolled in or participating in the Activity. I expressly acknowledge that by signing this form, I am agreeing that I may never sue any of the Releasees for any damages that occur as a result of participation in the Activity. I also understand that I would not have been permitted to participate in the Activity had I not signed this Affirmation, Waiver and Release form.

I further agree to save and hold harmless Dallas Bible Church, its staff members, elders, deacons, agents, and representatives from any claim by me or my family, estate, heirs or assigns arising out of the enrollment and participation in the Activity. I also authorize Dallas Bible Church to render or obtain medical care or treatment as may be necessary should any injury, harm, or accident occur while participating in the Activity.

I have signed this affirmation and release on the _____ day of _____, 20____.

Participant : _____

Participant's signature or
legal guardian's signature: _____
(if participant is a minor)

Emergency Contact: _____

Phone Number: _____