

The Lutheran Church of the Good Shepherd

IMPACT Waiver Form

Skateboarding Ministry Event
October 17th, 2009 (3pm-5pm)

I hereby waive, release, and discharge any and all claims for damages for any personal injury, death, or property damage which I may have, or which may hereafter accrue to me, as a result of participation in IMPACT activities. This release is intended to discharge in advance the IMPACT Program (its officers, employees, and agents) from any and all liability arising out of or connected in any way with my participation in activities. Even though that liability may arise out of negligence or carelessness on the part of the persons or entities mentioned above.

It is understood that the activities may involve an element of risk and danger of accidents and knowing those risks I hereby assume those risks. It is further agreed that this waiver release and assumption of risk is to be on my heirs and assigns.

I agree to indemnify and to hold the above persons or entities free and harmless from any loss, liability, damage, cost, or expense, which they may incur as the result of my death or any injury, or property damage that may sustain while participating in said activity.

PARENTAL CONSENT: (completed and signed by parent/guardian if applicant is under 18 years)

I hereby consent that my **son/daughter (print name)** _____ participate in IMPACT activities, and hereby execute the above Agreement, Waiver, and Release on his/her behalf. I state that the said minor is physically able to participate in the activities. I hereby agree to indemnify and hold the persons and entireties mentioned above free and from any loss, liability, damage, cost, or expense, which they may incur as a result of the death or any injury or property damage that said minor may sustain while participating in said activity. I also consent for any said persons or entities to provide medical care to my child in case of any emergency.

I HAVE CAREFULLY READ THIS AGREEMENT, WAIVER, AND RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND CONTRACT BETWEEN THE IMPACT PROGRAM AND MYSELF AND I SIGN IT ON MY OWN FREE WILL.

Signature _____ Date _____
Name (Print) _____ Phone # _____

PARTICIPANT INFORMATION: (please complete all information below)

Name _____ Grade _____
Age _____ Birthdate _____ School _____
Home Address _____
◆
Mothers Name _____
Home Address _____
Home # _____ Cell # _____ Work # _____
Fathers Name _____
Home Address _____
Home # _____ Cell # _____ Work # _____