

# Christian Cadets Release of Liability Form

## Participant Information and Consent

### Personal Information

- Participant's Name: \_\_\_\_\_
- Parent/Guardian's Name: \_\_\_\_\_
- Address: \_\_\_\_\_
- City: \_\_\_\_\_ State: \_\_\_\_\_
- Zip Code: \_\_\_\_\_
- Phone Number: \_\_\_\_\_
- Email: \_\_\_\_\_

### Activity Details

Activity/Program: \_\_\_\_\_

Activity Date(s): \_\_\_\_\_

### Release and Waiver of Liability

I, the undersigned, hereby acknowledge that participation in the Christian Cadets activities/program involves inherent risks, including but not limited to physical injury, illness, or property damage. By signing this release form, I voluntarily assume all such risks.

I agree to release, waive, discharge, and hold harmless the Vitality Church INC Christian Cadets organization, personal properties, officers, directors, employees, volunteers, and agents from any and all claims, demands, actions, or causes of action, including but not limited to personal injury, illness, property damage, or death, arising out of or connected to participation in the mentioned activities/program.

### Medical Consent

In the event of an emergency where medical treatment is required, I give my permission for the staff of Christian Cadets to obtain the services of a licensed physician. Please attempt to notify me immediately concerning any such emergency.

- Emergency Contact Name: \_\_\_\_\_
- Relationship to Participant: \_\_\_\_\_
- Phone Number: \_\_\_\_\_

### Consent and Acknowledgement

By signing below, I acknowledge that I have read, understood, and agree to the terms outlined in this release and waiver of liability form.

Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_