

**RELEASE OF LIABILITY, WAIVER OF CLAIMS, ASSUMPTION OF RISKS
INDEMNITY AND ACTIVITY PARTICIPATION AGREEMENT**

NAME OF PARTICIPANT: _____

NAME OF PARENTS/GUARDIANS: _____

ADDRESS OF PARTICIPANT: _____

PHONE NO: _____ STUDENT ID: _____

BIRTH DATE: _____ AGE: _____

EMERGENCY CONTACT: _____

RELATIONSHIP: _____ TELEPHONE NO: _____

DISCLAIMER CLAUSE

Campus Christian Fellowship and all its employees, volunteers, members, representatives, agents, heirs, successors and assigns (all hereafter collectively referred to as "CCF"), are not responsible for any injury, loss or damage of any kind sustained by any person while participating in the **CCF Activity** (vehicle driver provided by **CCF**) and all related activities, including injury, loss or damage which might be caused by the negligence of CCF.

MEDICAL/HEALTH & TRAVEL INSURANCE

1. **I AM SOLELY RESPONSIBLE** to select and purchase adequate medical/health/dental/vision insurance. No medical/health/dental/vision insurance will be provided by CCF. In the event of a medical/health/dental/vision problem, CCF accepts no responsibility for any costs associated with a medical/health/dental/vision problem nor will they pay for any medical/health/dental/vision expenses, which may be incurred by the participant.
2. **I AM SOLELY RESPONSIBLE** to select and purchase adequate travel insurance. CCF will provide no travel insurance. The travel insurance should provide cover against theft, personal accident/injury, personal liability, repatriation and cancellation of tickets. CCF accepts no responsibility for any costs associated with these types of problems nor will they pay for any expenses that may be incurred by the participant relating to these areas.

I freely accept and assume all responsibility to provide myself with medical/health/dental/vision and travel insurance coverage.

INDEMNIFICATION AND RELEASE OF LIABILITY

In return for CCF allowing me to voluntarily participate in the **CCF Activity** and all related activities of the trip, I agree:

1. **TO ASSUME AND ACCEPT ALL RISKS** arising out of, associated with or related to my participating in the **CCF Activity** and all related activities, even though such risks may have been caused by the negligence of CCF;
2. **TO RELEASE CCF** from any and all liability from any loss, damage, injury or expense that I may suffer, or that heirs, legal representatives, successors, assigns, parents or anyone else may suffer as a result of my participation in the **CCF Activity** due to any cause whatsoever, including but not limited to any and all actions, causes of action, suits, judgments or agreements that may involve economic or non-economic damages, costs, loss of services, loss of companionship, loss of consortium, loss of compensation, expenses, interest, rights or claims for contribution in law or equity, arising directly or indirectly from any and all known or unknown, foreseen or unforeseen bodily injury, personal injury, emotional injury, psychiatric injury, wrongful death, future wrongful death, damage to property, breaches of contracts, negligence, or breach of any statutory or other duty of care;
3. **TO HOLD HARMLESS AND INDEMNIFY CCF:**
 - a) from any and all liability for any damage to the personal property of, or personal injury to, any third party resulting from my participation during the **CCF Activity**;
 - b) for any cancellations, injury, loss, including attorney fees and costs, accident or delay occasioned by the proprietor, employee, or service of any type of accommodation, or mode of transportation used during **CCF Activity**;
 - c) from any and all claims, demands, actions and costs which might arise out of my participating in the **CCF Activity** and all related activities, even though such claims, demands, actions and costs may have been caused by the negligence of CCF.

ACKNOWLEDGEMENT

I acknowledge that I have read this agreement, that I have executed this agreement voluntarily, and that this agreement is to be binding upon myself, my heirs, executors, administrators, agents and representatives, in the event of my death or incapacity.

THIS IS A RELEASE OF LIABILITY. YOU MAY WANT TO CONSULT WITH AN ATTORNEY BEFORE SIGNING THIS DOCUMENT.

IF I'M A MINOR, THIS DOCUMENT SHALL ALSO BE SIGNED BY MY PARENTS/GUARDIANS.

Signature: _____ Date: _____

Signature: _____ (sign here if parent of minor) Date: _____

Signature: _____ (sign here if parent of minor) Date: _____