

DISCLAIMER OF LIABILITY & RELEASE OF CLAIMS

Please take note: Your Completion of online registration serves as electronic signature agreeing to the terms of liability and photo release. Please carefully read and review the terms and conditions completely before submitting this registration. Thank you

This Disclaimer of Liability and Release of Claims is to be executed by the participant, or if the participant is a minor, by the participant's parent/guardian. The Application for Program Registration(s) will not be accepted unless it has been executed.

In consideration of **Word Christian Fellowship International** (WCFI) accepting this registration I agree to this disclaimer of Liability and Release of Claims, and give my informed consent for my child to participate.

Disclaimer: The VBS participant assumes all risks associated with his or her participation in the programs offered by **WCFI** accepts no liability for bodily injury, death, property or loss due to any cause whatsoever, including, without limitation, negligence on the part of **WCFI**, including its elected officials, employees, agents and volunteers.

Release: The participant and his or her parents/guardians waive any and all claims they may now and in the future may have against, and release from all liability and agree not to sue, **WCFI** and its elected officials, employees, agents and volunteers. This release includes all claims for bodily injury, death, property or loss sustained by the participant as a result of his or her participation in the programs and activities offered Word Christian Fellowship International including, without limitation, negligence on the part of the **WCFI**, its elected officials, employees, agents and volunteers.

Emergency Authorization: In event of an emergency, I hereby authorize a leader of this activity, as an agent for me, to consent to: any x-ray examination; medical, dental or surgical diagnosis; treatments; or hospital care advised and supervised by a physician, surgeon or dentist (as appropriate) licensed to practice under the laws of the state where services are rendered, either at a doctor's office or in a hospital. I expect that my family will be contacted as soon as possible.

Photographs: I understand that during VBS pictures will be taken of all the children at various activities and maybe posted in WCFI website, WCFI Facebook account or used other presentations. I understand that no personal information will be divulged about my child.

I confirm that I have read this Waiver, Release and Indemnification Agreement, have asked and received answers to any questions I had concerning it's meaning, and execute it freely, without duress, and in full and complete understanding of its legal effect, and of the fact that it may affect my legal rights.