

WAIVER, PARENTAL WAIVER AND RELEASE OF LIABILITY PLEASE READ CAREFULLY

- 1. I ACKNOWLEDGE AND FULLY UNDERSTAND THAT I (or child) WILL BE ENGAGING IN ACTIVITIES THAT INVOLVE RISK OF SERIOUS INJURY WHICH MIGHT RESULT NOT ONLY FROM MY (or child) ACTIONS, BUT ALSO FROM THE ACTION, INACTION OR NEGLIGENCE OF OTHERS; AND FURTHER, THAT THERE MAY BE RISKS NOT KNOWN TO ME OR NOT REASONABLY FORESEEABLE.
- 2. ON BEHALF OF MYSELF (or my child), I AGREE TO ASSUME ALL THE FOREGOING RISKS AND ACCEPT PERSONAL RESPONSIBILITY FOR MY OWN DAMAGES FOLLOWING SUCH INJURY.
- 3. ON BEHALF OF MYSELF (or my child), I RELEASE, DISCHARGE, WAIVE AND COVENANT NOT TO SUE SEQUOYAH COMMUNITY CHURCH AND ALL THEIR RESPECTIVE AGENTS, AFFILIATES, ASSOCIATES, OFFICERS, DIRECTORS, OWNERS, AND EMPLOYEES (COLLECTIVELY "RELEASED") FROM DEMANDS, LOSSES OR DAMAGES ON ACCOUNT OF ANY INJURY, DEATH OR DAMAGE TO PROPERTY, CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY RELEASES OR ANY OTHER PARTY'S ACTIONS, INACTION, OR OTHERWISE; AND AGREE TO INDEMNIFY RELEASES FROM ANY AND ALL THIRD PARTY CLAIMS CAUSED IN WHOLE OR IN PART BY MY (or child) ACTIONS.
- 4. I ACKNOWLEDGE THAT MY CHILD MAY BE PHOTOGRAPHED & THOSE PHOTOGRAPHS MAY BE USED ON SOCIAL MEDIA & FOR FUTURE MARKETING.

I have read the above Waiver and Release, and understand that by signing below, I have given up substantial rights on behalf of myself or my child.

ACT DUONE #

	151 PHONE #
2	2ND PHONE #
EMAIL _	
Name of Participant:	
	Signature of Participant
Parent or Legal Guardian:	
Ü	Signature Name of Parent (or) Legal Guardian
	Date:
Medical Information:	

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