



## **Release of Liability Form**

### **C3 Youth**

#### **[Velocity] Summer 2017 Events**

**Event Name:** BBQ & Groundies

**Date/Time:** May 30, 2017 / 5:00pm

**Location:** Pheasant Run Park (47<sup>th</sup> Ave & 4<sup>th</sup> St, Greeley)

**Event Name:** BBQ & Capture the Flag

**Date/Time:** June 27, 2017 / 5:00pm

**Location:** Bittersweet Park (35<sup>th</sup> Ave & 16<sup>th</sup> St, Greeley)

**Event Name:** Core

**Date/Time:** July 2, 2017 / 6:00-7:30pm

**Location:** TBD

**Event Name:** Going to the Movies- Spider-Man: Homecoming

**Date/Time:** July 11, 2017 / TBD

**Location:** Greeley Cinemark (2160 Greeley Mall, Greeley)

Spots Limited. This is just the liability form and does not sign your child up for this event. There will be an opportunity to sign up for this event at the June 18th Collective.

**Event Name:** City

**Date/Time:** July 15, 2017 / TBD

**Location:** TBD

**Event Name:** Core Dinners

**Date/Time:** July 30, 2017 / 6:00-7:30pm

**Location:** TBD

Continued on back

**Event Name:** Rockies Game

**Date/Time:** August 6, 2017 / 9:00am-6:00pm

**Location:** Coors Field (2001 Blake St, Denver)

Spots Limited. This is just the liability form and does not sign your child up for this event. There will be an opportunity to sign up for this event at the July 23rd Collective.

**Event Name:** Movie in the Park- Finding Dory

**Date/Time:** August 11, 2017 / 7:00pm

**Location:** Island Grove Regional Park (501 N 14th Ave, Greeley)

**General Information**

Participant's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Telephone \_\_\_\_\_

List any allergies or medical conditions \_\_\_\_\_

Name of Medical Insurance Company \_\_\_\_\_

Medical Policy or Group Number \_\_\_\_\_

**Medical Consent**

Yes  No Does participant have personal/family medical insurance?

Yes  No Does participant have tetanus booster within the past 10 years?

**Release of Liability**

**I acknowledge that participation in the activities described above involves risk to the participant and may result in various types of injury including, but not limited to, the following: sickness, bodily injury, death, emotional injury, personal injury, property damage, and financial damage.**

**In consideration for the opportunity to participate in the activities described above (the activities), the participant acknowledges and accepts the risks of injury associated with participation in and transportation to and from the activities. The participant accepts personal financial responsibility for any injury or loss sustained during the activities or during transportation to and from the activities, as well as for any medical treatment rendered to the participant that is authorized by Christ Community Church or its agents, employees, volunteers or any other representatives (collectively referred to as the activity sponsor(s)). Further, the participant releases and promises to indemnify, defend, and hold harmless, and agrees to waive and release any and all claims and causes of action for damages or other relief that the participant may have against Christ Community Church, their respective officers, employees, agents, attorneys, or representatives. If participant is under 18 years old, parental/guardian consent and signature is required.**

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date