Pacific Southwest Conference

Participant's Name:	(This form must be filled out in order for you to participate) (Please Print) Event Dates:			
		Participant's Cell Phone Number:		
Parent or Guardian	Name:			
Street Address:			City:	ZIP:
Parent/Guardian Pl	none & E-mail:_			
Medical Insurance Company:Policy #:				Policy #:
	RELEASE .	AND WAIVER OF LIAI	BILITY AND INDI	EMNITY AGREEMENT
"Activities") operated or specific dersigned, on behalf of his SUE PSWC, its officers, di officers, directors, agents, arising from participation. The undersigned, on behat HOLD HARMLESS PSWC cost they may incur due to the undersigned, on behat RISKS OF ILLNESS, BOD officers, directors, agents, and the undersigned, further of the undersigned, further of the undersigned, further of the undersigned, on behat the undersigned th	ponsored by Pacific S m/herself, or the und rectors, agents, and e and employees and v in these Activities. If of him/herself, or t C, its officers, director to the participation of the participation of DILY DAMAGE, PER and employees and v expressly agrees that bermitted by the law of thinue in full legal for the participation of the law	couthwest Conference of dersigned's minor child, Hemployees and volunteers rolunteers resulting in illustrate undersigned's minor ars, agents, and employees the undersigned, or the che undersigned's minor SONAL INJURY (INCL rolunteers or otherwise at the foregoing RELEASE, of the State of California are and effect.	the Evangelical Cov- HEREBY RELEASES, from liability for a ness, bodily damage child, HEREBY AGES and volunteers, an undersigned's minochild, HEREBY ASSUDING DEATH) A rising from particip, WAIVER AND IN and that if any porticipal child, HAS READ A	ctivities (hereinafter collectively referred to as venant Church, (hereinafter referred to as "PSWC") the un-S, WAIVES, DISCHARGES AND COVENANTS NOT TO any and all claims including the negligence of PSWC, its e, personal injury (including death) and property loss e. REES TO INDEMNIFY AND SAVE AND and each of them from any loss, liability, damage or or child, in these Activities. SUMES FULL RESPONSIBILITY FOR AND AND PROPERTY LOSS due to the negligence of PSWC, its pation in these Activities. IDEMNITY AGREEMENT is intended to be as a clion thereof is held invalid, it is agreed that the balance and voluntarily SIGNS THE RELEASE at no oral representations, statements or inducement apart
I HAVE READ THIS REL				
DATE: SI	IGNED:		I	PRINTED NAME:
(Participant, if 18 years old may sign the form, or Participant's parent/legal guardian if participant is under 18)				
		MEDI	CAL RELEASE	
I,(Participant or Participant's p	arent/legal guardian)	, on behalf of	t)	give my permission
for him/her to participate in A authorize the treatment of the physician, may endanger his/including transportation to a guardian, I hereby agree that	Activities under the dire e above minor by a qual her life, cause disfigure nd from the Activity sit I am financially respon	ection of PSWC. The understifted and licensed medical of ment, physical impairment, e. This authority if granted of sible, either personally or the	signed, being a parent doctor in the event of a or undue discomfort i only after a reasonable nrough my health insur	and/or legal guardian of the above minor, does hereby a medical emergency which, in the opinion of the attending if delayed, while said minor is participating in the Activities, attempt has been made to contact me. As Parent or legal rance plan, for any medical treatment given to my child.
Use the back of this release fo			cation:	
DATE:SIGN	NED: (Participant, if 18 veat	rs old may sign the form. or i	PRINTED N Participant's parent/leg	NAME: gal guardian if participant is under 18)
	(= ,) ==) =		TO WAIVER) [] [[]
permission to use the und	ersigned's or the und Pacific Southwest Co	lersigned's minor child's nference. The undersigne	photograph or liken ed acknowledges an	Southwest Conference the undersigned's ness in any promotional materials or future and agrees that the undersigned or the

R DATE:_____ SIGNED:____ (Participant, if 18 years old may sign the form, or Participant's parent/legal guardian if participant is under 18) I HAVE READ THIS WAIVER DATE:_