

NIGHT LIGHT PARTICIPANT AGREEMENT, WAIVER AND RELEASE FORM

THIS FORM MUST BE COMPLETED BEFORE ANY PARTICIPATION WILL BE ALLOWED

Participant's Name: _____ Date of Birth: ____/____/____

Address: _____ City/State/Zip: _____

Phone: _____

Emergency Contact: _____

Relationship to Participant: _____

Phone Number: _____ Alternate Contact Method: _____

I certify that I am volunteering to participate in NIGHT LIGHT.

I further certify that I am in good health and have no physical or other impediment which would endanger me while participating in this activity. I will not be under the influence of drugs or alcohol, which would impair my ability. I acknowledge and agree this activity has inherent risks. I have full knowledge of the nature and extent of all the risks associated with this activity.

In consideration of my participation in this activity, I agree (on behalf of myself, my heirs, executors, administrators, and assigns) to release, discharge, waive and relinquish **MY CHURCH AND NIGHT LIGHT** (or its officers, agents, employees and volunteers) from any and all liabilities, claims, or actions for personal injury, property damage, or wrongful death which may arise out of my participation.

I HAVE CAREFULLY READ THIS AGREEMENT, WAIVER AND RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND NIGHT LIGHT AND I SIGN IT OF MY OWN FREE WILL.

Participant Signature: _____ Date: ____/____/____

CONSENT OF PARENT/GUARDIAN

(To be completed and signed by parent/guardian for participants under 18 years of age).

I certify that I am the parent or legal guardian of the above participant and that I am entitled to his or her custody and control and I do hereby give permission for the Child to participate in the above activity. I further certify that the Child is in good health and has no physical or other impediment which would endanger him or her while participating in this activity. I realize that by participating in this program, the Child will be exposed to a risk of injury or death. I understand the dangers incidental to participating in the program and the need for safety precautions, and I have discussed the dangers of the program and the need for safety precautions with the Child. I hereby execute the above Agreement Waiver, and Release on his/her behalf.

Parent/Guardian Signature: _____ Date: ____/____/____

Parent/Guardian Name: _____ Relationship: _____

Grade: _____

Shirt Size: _____