

Faithbridge Building Use

Gym RELEASE FORM

ANY PARTICIPANT MUST COMPLETE THE FOLLOWING

Personal Information				
Person's Name:	_____	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Age: _____
Person's Phone Number:	(Home): (_____) - _____	(Work): (_____) - _____		
Person's Address:	_____ Street	_____ City	_____ State	_____ Zip

RELEASE / DISCLAIMER

I DO HEREBY ASSUME FULL RESPONSIBILITY FOR ANY AND ALL DAMAGES, INJURIES (INCLUDING DEATH), OR LOSSES THAT I MAY SUSTAIN OR INCUR, IF ANY, WHILE ATTENDING, PRACTICING, PARTICIPATING OR WITNESSING IN ANY CHURCH EXERCISE PROGRAM, SPORT OR PHYSICAL ACTIVITY OCCURRING IN OR ABOUT THE CHURCH PREMISES. I HEREBY ASSUME FULL RISK, WAIVE ALL CLAIMS AND RELEASE AND HOLD FAITHBRIDGE IT'S INSTRUCTORS, OR PARTNERS OF SAID PROGRAM, INDIVIDUALLY OR OTHERWISE, HARMLESS FOR ANY AND ALL CLAIMS FOR INJURIES OR DAMAGES.

In consideration of my participation in and the use of the Church's facilities, I hereby release and covenant not to sue the Church, its owners, shareholders, deacon's, trustees, officers, employees, representatives, agents, and lessees from any and all present claims resulting from ordinary negligence and inherent risk of use of the facilities and equipment of the Church including but not limited to any loss, injury, damage or liability sustained by me while on or about the premises of the Church.

PLEASE FILL OUT BOTH SIDES

I HAVE READ AND FULLY UNDERSTAND THE ABOVE RELEASE/WAIVER AND FULLY UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING THIS WAIVER VOLUNTARILY.

All applicants must sign. Parents or guardians must co-sign if applicant is UNDER 18.

Participant

Signature: DATE: _____

Parent/

Guardian

Signature: DATE: _____

The information and suggestions presented by Philadelphia Indemnity Insurance Companies in this loss control technical resource form are for your consideration in your loss prevention and risk control efforts. They are not intended to be complete in identifying or reporting on every possible or significant hazard at your premises, preventing possible workplace accidents, or complying with all of the local, state or federal health & safety related laws or regulations. The material enclosed within this loss control reference source is intended and encouraged to be altered or redesigned by you to specifically address your hazards.

COVID-19 Liability Release Waiver

Faithbridge Church

I hereby declare the following:

1. I am fully and personally responsible for my own safety and actions while and during my participation and I recognize that I may be at risk of contracting COVID-19.
2. With full knowledge of the risks involved, I hereby release, waive, discharge the Organization, its board, officers, independent contractors, affiliates, employees, representatives, successors, and assigns from any and all liabilities, claims, demands, actions, and causes of action whatsoever, directly or indirectly arising out of or related to any loss, damage, injury, or death, that may be sustained by me related to COVID-19 while participating in any activity while in, on, or around the premises or while using the facilities that may lead to unintentional exposure or harm due to COVID-19.
3. I agree to indemnify, defend, and hold harmless Faithbridge Church from and against any and all costs, expenses, damages, lawsuits, and/or liabilities or claims arising whether directly or indirectly from or related to any and all claims made by or against any of the released party do to injury, loss, or death from or related to covid-19.

By signing below I acknowledge that I have read the foregoing Liability Release Waiver and understand its contents; that I am at least eighteen (18) years old and fully competent to give my consent or if under 18 a parents signature is required. That I have been sufficiently informed of the risks involved and give my voluntary consent in signing it as my own free act and deed; that I give my voluntary consent in signing this Liability Release Waiver as my own free act and deed with full intention to be bound by the same, and free from any inducement or representation.

Signature _____ Date

Parents signature _____ Date