

**RELEASE OF LIABILITY, WAIVER OF CLAIMS, EXPRESS
ASSUMPTION OF RISKS, AND HOLD HARMLESS AGREEMENT**

In consideration of my Child's participating in the educational field trip to Lowry Park Zoo (the "Field Trip"), located in Tampa, Florida on January 22, 2008 as a Children's Ministry event of the 2008 Calvary Chapel Southeast Pastors' Conference, I hereby agree as follows:

I, _____, enter into this agreement individually and on behalf of _____
Please Print Your (Parent's) Name *Please Print Your Child's Name*

(the "Child"), my son or daughter, who is not yet eighteen (18) years of age. For myself and my Child, and for our respective estates, heirs, administrators, executors, and assigns, I hereby release and hold harmless Calvary Chapel St. Petersburg, and their officers, directors, employees, representatives, agents, and volunteers (collectively, the "Releasees"), from any and all liability and responsibility whatsoever, however caused, for any and all damages, claims, or causes of action that I or my Child, or our respective estates, heirs, administrators, executors, or assigns may have for any loss, illness, personal injury, death, or property damage arising out of, connected with, or in any manner pertaining to my child's participation in the Field Trip, **WHETHER CAUSED BY THE NEGLIGENCE OF RELEASEES** or otherwise.

I fully understand that there are potential risks and hazards associated with the Field Trip and its related travel, including, but not limited to, possible injury or loss of life. Despite the potential risks and hazards associated with the Field Trip, I, individually and on my Child's behalf, wish for him or her to proceed, and freely accept and assume all risks and hazards that may arise from his or her participation in the Field Trip and that could result in loss, illness, personal injury, death, or property damage to him or her, **WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES** or otherwise.

I further hereby agree to indemnify and hold harmless the Releasees from any judgment, settlement, loss, liability, damage, or costs, including court costs and attorney fees for both the trial and appellate levels, that Releasees may incur as a proximate result of any negligent or deliberate act or omission by my Child during his or her participation in the Field Trip.

In signing this agreement, I acknowledge and represent that I have read and understand it; that I sign it voluntarily and for full and adequate consideration, fully intending to be bound by the same; and that I am at least eighteen (18) years of age, fully competent, and the legal parent or guardian of my Child. I hereby agree that this agreement shall be construed in accordance with the local law of the state of Florida, without respect to the conflict of law rules of Florida or any other jurisdiction.

1. I authorize Calvary Chapel St. Petersburg representatives to obtain medical treatment for my child, which includes required emergency transportation, in case of serious illness or injury and agree to pay for such treatment.
2. I am noting here any special health-related conditions or allergies regarding my child:

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3. To ensure safety of the children, I discussed with my child the following field trip/activity guidelines:
 - a. All children must remain with their appointed chaperone at all times during the field trip/activity unless otherwise instructed by the Calvary Chapel representative in charge.
 - b. All children must wear safety belts while being transported on the bus/vehicle.
 - c. Fighting and/or physical horseplay will not be tolerated while on the field trip/ activity. Any child involved in a physical fight will be escorted back to the church facility immediately and parents will be asked to take the child.

I HAVE READ THIS AGREEMENT, UNDERSTAND THAT I AM GIVING UP SUBSTANTIAL RIGHTS BY SIGNING IT,
AND AGREE INDIVIDUALLY AND ON BEHALF OF MY CHILD TO BE BOUND BY IT.

CHILD'S INFORMATION

Print Full Name _____ Birth Date _____
Address _____ Apt _____
City _____ State _____ Zip _____

PARENT'S OR LEGAL GUARDIAN'S INFORMATION

Print Full Name _____ Email _____
Address _____ Apt _____
City _____ State _____ Zip _____
Cell Phone (____) _____
Emergency Phone (____) _____

Parent or Legal Guardian Signature

Date

MEDICAL RELEASE

I hereby authorize the staff at Calvary Chapel to act for me according to their best judgment in any emergency requiring medical attention. All medical expenses incurred will be the responsibility of the Child's family. I certify **Calvary Chapel St. Petersburg** that my child has no physical conditions or mental impairment that would be effected by participation in the Field Trip. In the event that I cannot be reached in an emergency, I hereby give permission to any licensed physician, surgeon, clinic, or hospital to secure proper treatment, and to order anesthesia, for my child as named above.

My child is allergic to and/or is taking the following medications:

Doctor to be notified in an emergency _____ Phone (____) _____

Parent or Legal Guardian Signature

Date

NOTARY (Signatures above must be verified by a notary.)

The foregoing instrument was acknowledged before me this
_____ day of _____, 20____ by

Name of Person Being Acknowledged by Notary Public

Notary Public Signature

Notary Public Stamp: