

Liability Release Form

To: Faith Temple Church of God in Christ hereafter referred to as (Faith Temple COGIC)

Event, Activity or Program: Faith Temple COGIC "Resource(s) Referral Program"

Participant Name: _____

I understand that my participation in the above event, activity or program is voluntary and could include actions or tasks which might be hazardous or pose some type of risk to the participant named above. I understand that Faith Temple COGIC involvement with the various resource organizations is simply in a referral capacity; and not as an owner or vested partner in any shape or form; and as such will be held harmless.

By signing below, I assume any risk of harm or injury which might occur to the participant/me due to his/her/my participation in the event, activity, or program. I release the organization or business named above; and/or its officers, administrators, members, volunteers, agents and assigns from all liability, costs and damages which might arise from participation in the above named event, activity, or program.

If the participant is a minor, I agree that the minor has my consent to participate in the event, activity or program. I further provide my consent for the organization or business named above to seek emergency treatment for the minor if necessary. I agree to accept financial responsibility for the costs related to this emergency treatment

Sign Here (↓) if Participant is an Adult

Signature of Participant: _____ Date: _____

Sign Here (↓) if Participant is a Child

Name of Parent or Guardian: _____

Signature of Parent or Guardian: _____