

LIABILITY RELEASE

I hereby give my authority and consent to medical and surgical treatment as may be necessary, in the judgment of the treating physician, for my child by a physician chosen by Charlottesville Community Church and/or Sports Camp staff.

Intending to be legally bound hereby, the undersigned agrees and does hereby release from liability and to indemnify and hold harmless Charlottesville Community Church, and any of its employees or agents representing or related to the church in regards to the Children's Ministry department. This release is for any and all liability for personal injuries (including death) and property losses or damage occasioned by, or in connection with any activity or accommodations for this event.

Participant Name (please print)

Date Signed

Signature of Parent/Guardian