

**RELEASE AND WAIVER OF LIABILITY**

This **Release** and Waiver of Liability (the "Release") is executed \_\_\_\_\_ (date, year), by \_\_\_\_\_ (the "Participant"), in favor of St. Peter's Episcopal Church, its Vestry, Diocese, employees, and agents. The participant desires to participate in St. Peter's Episcopal Church activities. The Participant freely, voluntarily, and without duress executes this Release under the following terms:

**RELEASE AND WAIVER OF LIABILITY FOR A MINOR CHILD**

This Release and Waiver of Liability (the "Release"), is executed \_\_\_\_\_ (date, year), by \_\_\_\_\_, a minor child (the "Participant"), and \_\_\_\_\_, the parent having legal custody and/or the legal guardian of the Participant (the "Guardian"), in favor of St. Peter's Episcopal Church (" St. Peter's" ), its Vestry, Diocese, employees, and agents. The Participant and Guardian desire that the Participant participate in St. Peter's Church activities. Participant and Guardian freely, voluntarily, and without duress execute this Release under the following terms:

- 1. **Waiver and Release.** Participant and Guardian release and hold harmless St. Peter's, its Vestry, Diocese, employees, and agents. from liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise from Participant's participation in the Participant Program. By signing this, Participant and Guardian discharge St. Peter's from any liability or claim that Participant or Guardian may have with respect to any bodily injury, personal injury, illness, death, or property damage that may result from Participant's participation in the Participant Program. Participant and Guardian also understand that St. Peter's does not assume any responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health, or disability insurance.
- 2. **Medical Treatment and Insurance.** Participant and Guardian release and forever discharge St. Peter's from any claim whatsoever which arises now or later on account of any first aid, treatment, or service rendered in connection with the Participant's participation in the Participant Program or with any decision by any representative or agent of St. Peter's to exercise the power to consent to medical or dental treatment as such power may be granted and authorized in the Parental Authorization for Treatment of a Minor Child. Participant and Guardian understand that St. Peter's does not carry or maintain health, medical, or disability insurance coverage for any Participant. **Each Participant is** expected and encouraged to have medical or health insurance coverage in effect while participating in the Participant Program.

Assumption of the **Risk.** The Participant and Guardian understand that the Participant Program may include activities that may be hazardous to the Participant. Participant and Guardian assume the risk of injury or harm in these activities and release St. Peter's from all liability for injury, illness, death, or property damage resulting from the activities of the Participant's participation in the Participant Program.

- 4. **Indemnity Agreement.** (A) The Participant and Guardian hereby further agree to hold St. Peters harmless from, defend and to fully indemnify it for any and all amounts, of whatever kind or nature, that may be recovered against the said St Peter's as a result of any and all claims, or that may be asserted in the future by, through, or as a result of Participant and Guardian and/or by any other Third-Party. (B) THE INDEMNITY DESCRIBED HEREIN SHALL SPECIFICALLY INCLUDE INDEMNITY TO ST. PETER'S FOR. ST.PETER'S OWN, SOLE, OR CONCURRENT NEGLIGENCE, GROSS NEGLIGENCE, A-I-T-D!OR INTENTIONAL CONDUCT, IF ANY.

**IN WITNESS WHEREOF.** Participant and Guardian have executed this Release as of the date above.

Participant  
Sign: \_\_\_\_\_  
Print Name: \_\_\_\_\_

Witness  
Sign: \_\_\_\_\_  
Print Name: \_\_\_\_\_

Legal Parent/Guardian  
Sign: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State: \_\_\_\_\_  
Phone: (home) \_\_\_\_\_ (cell) \_\_\_\_\_

(office) \_\_\_\_\_