

**RELEASE, DISCHARGE, WAIVER
AND HOLD HARMLESS AGREEMENT**

Participant's Name: _____

Age: _____ Date of Birth: ____/____/____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Work Phone: (____) _____

Other Phone: (____) _____ E-Mail Address: _____

EVENT: Karate

DATE OF EVENT: Continuous

I do hereby release, acquit, hold harmless, and forever discharge First Baptist Church of Moore, it's agents, servants, sponsors, employees, and all persons natural or corporate in privity with them, from any and all claims or causes of action, including but not limited to actions, suits and/or claims for bodily injuries, death or property damage, while participating in any activity, including travel to and from any church activities. This agreement also applies to any and all activities on or off church property.

The undersigned agrees to assume liability for any and all costs and expenses incurred including medical and dental costs in the event an injury or claim arises. The undersigned further represents by the signing of this agreement that the subject participant has adequate health, disability and life insurance and further acknowledges that First Baptist Church of Moore does not provide health, disability or life insurance for the subject participant.

The undersigned further agrees that should the need arise for any transportation, lodging and/or meals for participant, because of some unforeseen event, including but not limited to, the breakdown of church, employee or sponsor vehicles, chartered vehicles, or if transportation becomes necessary for medical emergencies, the undersigned shall be responsible for such costs.

If for any reason legal action is taken against First Baptist Church of Moore, by the undersigned participant, parents, or guardian, the undersigned agrees to assume any legal costs and expenses incurred by First Baptist Church of Moore in the event that it successfully defends such claim, action or lawsuit.

I assume full responsibility for any damage to property and/or equipment owned or leased by First Baptist Church of Moore during any of the aforementioned activities and understand I will be responsible for replacement of same.

Health Insurance Company Participant* Date

Policy Number Parent or Legal Guardian Date

Emergency Contacts

Name Phone Name Phone

*If participant is under the age of eighteen (18) years of age, parent or legal guardian must sign this Release.

Mother's Name: _____ Father's Name: _____

Church Membership _____

Enrollment Date: _____