



Waiver of Liability and Hold Harmless Agreement

Name: _____ Birth date: _____ Mobile phone: _____

Home address: _____
Street City State/Province Zip

Activity/Event in which you are participating: _____

1. I hereby **release, waive, discharge and covenant not to sue** Providence Christian College, her officers, agents, servants, or employees (hereinafter referred to as **releasees**) from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by me, or any of the property belonging to me, **whether caused by the negligence of the releasees**, or otherwise, while participating in such activity, or while in, on, or upon the premises where the activity is being conducted.

2. I am fully aware of the risks involved and hazards connected with the activity/event listed above, which may include but not be limited to scrapes, bruises, sprains, pulls, broken bones, concussions, and the like, and I hereby elect to voluntarily participate in said activity with full knowledge that said activity may be hazardous to me and my property. **I voluntarily assume full responsibility for any risks of loss, property damage or personal injury, including death**, which may be sustained by me, or any loss or damage to property owned by me, as a result of being engaged in such an activity, **whether caused by the negligence of releasees or otherwise**.

3. I further hereby **agree to indemnify and hold harmless** the **releasees** from any loss, liability, damage or costs, including court costs and attorney fees, that they may incur due to my participation in said activity, **whether caused by negligence of releasees** or otherwise.

4. I understand and am aware that I am required to have current and active personal medical insurance coverage as a condition of enrollment and that should a situation arise for which medical attention is deemed necessary that my personal medical insurance coverage functions in primary position for any resulting claims. Policies paid for and sponsored by Providence Christian College are secondary to personal medical insurance and may have exclusions or exceptions for coverage. **Always check to be sure coverages are in force prior to obtaining treatment when possible.**

5. It is my express intent that this Waiver of Liability and Hold Harmless Agreement shall bind the members of my family and/or spouse, if I am alive, and my heirs, assigns and personal representative, if I am deceased, and shall be deemed as a **release, waiver, discharge and covenant not to sue** the above-named **releasees**. I hereby further agree that this Waiver of Liability and Hold Harmless Agreement shall be construed in accordance with the laws of the State of California.

6. **In signing this release, I acknowledge and represent that** I have read the foregoing Waiver of Liability and Hold Harmless Agreement, understand it and sign it voluntarily as my own free act and deed; no oral representations, statements, or inducements, apart from the foregoing written agreement, have been made; I am at least eighteen (18) years of age and fully competent; and I execute this release for full, adequate and complete consideration fully intending to be bound by same.

In witness whereof, I have hereunto set my hand and seal on this _____ day of _____.

Participant Signature: _____

Name Printed: _____

Witness Signature: _____

Witness Name Printed: _____