New Covenant Community Church 6000 S. 84th St. Lincoln, NE 68516

Liability Release Statement

Medical Release Form

In the event of an emergency, I hereby give permission to New Covenant Community Church and its representatives who are with my child at the indicated event to obtain medical assistance for my child. I also give permission to the physician selected to hospitalize and secure proper treatment for my child.

Participation Agreement

By signing below, the participant (or parent/guardian if participant is a minor) acknowledges and accepts the risks of physical injury, loss or damage of person or property associated with participation in the activity described above. Except for gross negligence on the part of New Covenant Community Church and its representatives, the participant (or parent/guardian) accepts personal financial responsibility for any bodily or personal injury sustained, or loss or damage to property during the activity. Further, the participant (or parent/guardian) promises to hold harmless New Covenant Community Church and its representatives for any injury, loss or damage to person or property related to the activity. If a dispute over this agreement or any claim arises, the participant (or parent/guardian) agrees to resolve the matter through a mutually acceptable arbitration process.

During this activity, the participant may be photographed or video taped for promotional materials.

After reading this you will be asked for your digital signature.