



Adult Sports Waiver 2019-20

NAME OF PARTICIPANT:	
ADDRESS:	
EMAIL ADDRESS:	
PHONE NUMBER(S):	
EMERGENCY CONTACT PERSON:	
RELATIONSHIP:	PHONE NO.:
MEDICAL INFO (Please indicate any allergies, health problems, medications, or other health concerns):	

WAIVER & INDEMNITY AGREEMENT

IN CONSIDERATION OF being permitted to participate in Springvale Baptist Church - Sports, I the undersigned participant, hereby release and undertake and agree to save harmless and keep indemnified Springvale Baptist Church, its principals, officers, agents, officials, servants, organizers and representatives from and against all claims, actions, costs and expenses and demands whatsoever in respect of death, injury, loss or damage to my person or property, howsoever caused, arising out of or in connection with my participation in Springvale Baptist Church - Sports and regardless of whether same may have been contributed to or occasioned by the negligence of Springvale Baptist Church, its principals, officers, agents, officials, servants, organizers and representatives.

It is hereby acknowledged that the contents hereof are fully understood by the Participant who agrees that same shall be binding upon (his/her/their) heirs, successors, executors, administrators and assigns.

I am over the age of 18 years of age.

Signature

Date