



LIABILITY RELEASE FORM

Event/Activity: _____

Dates: **7/1-8/11/2018**

Volunteer/Participant Name: _____ Phone #: _____

Address: _____ Email: _____

Emergency Contact Name: _____ Phone #: _____

I, _____, being aware of my own health and physical condition and having knowledge that my participation in any physical activities may be injurious to my health, am voluntarily participating in the physical activity listed above.

By signing below, I _____, assume any risk of harm or injury which might I may incur during the participation in the above listed event or activity. I release the organization, Saint Mark Baptist Church, and its representatives and employees from all liability, costs and damages, which might arise from participation in the above-named event or activity.