

**CALVARY CHAPEL—ADULT
GENERAL RELEASE FROM LIABILITY
AND INDEMNITY AGREEMENT**

I acknowledge that I am voluntarily participating in the Calvary Chapel
_____ (“Activity”). I understand that
participating in the Activity involves the risk of injury.

In consideration of my participation in this Activity, I agree to release Calvary Chapel,
together with its employees, agents and volunteers, from any liability or claims I may have in
connection with my participation. I personally assume all risks associated with my participation,
and I agree to hold Calvary Chapel harmless against all liability or claims arising out of my
participation. I understand that this Agreement will remain in effect for the duration of my
participation in the Activity.

In the event of any dispute that may arise from my participation in the Activity, I agree to
resolve the dispute through a mutually agreed Christian conciliation or mediation service; in
keeping with the teaching of 1 Corinthians 6, I will not pursue any legal claims in civil court
against Calvary Chapel, or against its employees, agents or volunteers.

I affirm that I am over 18 years old.

I HAVE READ THIS AGREEMENT BEFORE SIGNING IT.

DATED this ____ day of _____, 20__.

Name: _____

Signature: _____

Address: _____

Home Phone: _____

ADULT EMERGENCY MEDICAL CARE AND TREATMENT

If it should become necessary for me to receive medical treatment for any reason, I understand that the insurance policy for Calvary Chapel acts in a primary position **only** when the participant is not already covered by insurance. Consequently, I agree to submit all claims first to my insurance company and then to the insurance company for Calvary Chapel.

I also accept full responsibility for the cost of medical treatment for any injury suffered while taking part in the program which is over and above that which is covered by insurance.

In addition, I authorize and consent to all medical, surgical, diagnostic, and hospital procedures as may be performed or prescribed by a physician to safeguard my health. If for any reason I am unable to give my consent, I waive my right to informed consent for such treatment.

Moreover, **I understand** that temporary emergency measures may be necessary to safeguard my health, and I do hereby authorize and request personnel from Calvary Chapel to administer or supervise such treatment and to do any procedure that they deem necessary until such time as I can be safely transported to a doctor or hospital.

Special Medical Information (Medications, allergies, etc.):

DATED this ____ day of _____, 20__.

Name: _____

Signature: _____

Insurance Company: _____

Policy Number: _____ Group Number: _____

Person to contact in emergency: _____

Phone: _____