

## WAIVER AND RELEASE FROM LIABILITY

### WARNING:

### BOUNCING ON A BOUNCE HOUSE MAY PRODUCE INJURY AND/OR DEATH

I \_\_\_\_\_ (“I”), have voluntarily elected to allow my child(ren) to participate in playing on bounce house(s), and I fully understand that this involves jumping on air filled entertainment toy(s) and that there are health and safety risks associated with this type of activity. I, therefore, assume all risk of injury and/or death associated with this event and I will not hold the event organizers, sponsors, or anyone affiliated with them for any circumstances of this event.

I hereby confirm that my child(ren) are in good physical condition and do not suffer from any disabilities or physical conditions that places me or others at risk or otherwise should prohibit their participation in this event.

I hereby waive and release, indemnify, hold harmless and forever discharge Cucamonga Christian Fellowship, and their volunteers, agents, sponsors, servants, employees, officers, directors, affiliates, successors and assigns, and their respective heirs, representatives, legal counsel, licensees and all persons, firms, corporations liable or who might be liable, whether or not herein named, none whom admit any liability to the undersigned, but all expressly denying liability (herein the “Released Parties” and collectively with I the “Parties”), from any and all claims, demands, debts, contracts, expenses, causes of action, lawsuits, damages and liabilities, of every kind and nature, whether known or unknown, in law or equity, which I have or may hereafter have, arising from or in any way relating to my child(ren)’s participation in any of the events or activities conducted by the Released Parties on the date that the house(s) is/are used, on the premises of the Released Parties, or for the benefit of the Released Parties.

I understand that the activities that they will participate in on the date the house(s) is/are used are inherently dangerous and my participation may cause harm or grievous injuries, including bodily injury, damage to personal property and/or death. I, on behalf of myself, my spouse, heirs, executors, administrators, representatives, successors, assigns and next of kin, waive all claims for damages, injuries and death sustained to me or my property that I may have against the aforementioned Released Parties to such activity.

By this WAIVER AND RELEASE, I assume any risk, and take full responsibility and warranty of any and all claims of personal injury and death or damages to but not limited to my use of the Released Parties’ facilities and/or engaging in the Release Parties’ activities or other activities on and near the Release Parties’ premises on the date the house(s) are used.

This WAIVER AND RELEASE contains the full and complete agreement between the Parties, the terms are contractual and not merely a recital, and supersedes any and all prior written or oral agreements and representations between the Parties concerning the activities and the WAIVER AND RELEASE. Any additions to or changes in this WAIVER AND RELEASE shall be valid only if set forth in writing and signed by all the Parties. Furthermore, this WAIVER AND RELEASE is binding upon the undersigned and his/her respective spouse, heirs, next of kin, executors, administrators, representatives, successors and assigns. This WAIVER AND RELEASE shall be subject to the laws of the State of California. The provisions of this WAIVER AND

RELEASE will remain in issue and in full force and effect even after termination of the Parties' activities.

I acknowledge that I have read, understand, and fully agree to the terms of this WAIVER AND RELEASE and its contents. I understand and confirm that by signing this WAIVER AND RELEASE I have given up considerable future legal rights. I have signed this WAIVER AND RELEASE voluntarily, under no duress or threat of duress, without inducement, promise, or guarantee being communicated to me. My signature is proof of my intention to execute a complete and unconditional WAIVER AND RELEASE of all liability to the full extent of the law. I am 18 years of age or older and mentally competent to enter into this waiver.

#### RULES

Bounce house limits are 200# total weight and/or 6 children.

There **MUST** be an adult watching bounce house when children are playing **AT ALL TIMES!**

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Student(s) Name(s)

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[Signature of Parent/Guardian]

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[Parent/Guardian Printed Name]

Phone #: \_\_\_\_\_

Date: \_\_\_\_\_

# 2021

## Parent Consent Form

**Circle:** Alliance (6th - 8th) or Crew (9th - 12th)

**Student Name:** \_\_\_\_\_

**Birth Date:** \_\_\_\_\_

**Parent/Guardian's Name:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_

I, (name of parent or guardian) \_\_\_\_\_ grant permission for my child (name of child) \_\_\_\_\_ to participate in CCF Youth **(Alliance / Crew)** activities and program, including those that require transportation to a location away from the CCF site. Individuals in charge or/and responsible for CCF Youth and activities will take place under the guidance and direction of **CCF Staff Member/s, Youth Staff, Volunteers**

Type of events or activities: **All CCF Youth Events (Alliance / Crew).**

Destination of events or activities: Locations will be specified in event promotion materials for each event, but will include activities such as **Regular Youth Group Programming, One-on-One Discipleship, Pool Parties, Park Activities and Sports, Mission Trips, Beach Trips, Theme Parks, etc.**

As parent, and/or legal guardian, I remain legally responsible for any personal actions taken by the above named young person ("participant").

***Emergency Medical Treatment:*** In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital/doctor. In the event of an emergency, if you are unable to reach me at the above numbers, please contact:

**Name & Relationship:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Participant's Doctor:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Insurance Provider:** \_\_\_\_\_

**Policy #:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_