



Parental Liability Release and Waiver – XPERIENCE 2017 IN CONSIDERATION OF

the minor child named _____ (the “Child”) being permitted to participate in the Xperience Program program-related events and activities, scheduled to be held on February 21-26, 2017 (the “Activity”), sponsored by Christian Life College (the “Sponsor”), I,

_____ (please print name), the undersigned parent or legal guardian of the Child, on behalf of myself, my family, spouse, heirs, assigns, and personal representative(s) (the “Releasers”), hereby: 1. Acknowledge that the Activity has been explained to me and I fully understand and appreciate the dangers, hazards, and risks that may arise from the Activity. 2. Give permission for the Child to participate in all Xperience Activities, and knowing the dangers, hazards, and risks of the activities and travel, and in consideration of the Child being permitted to participate in Xperience, on behalf of the Releasers, I agree to assume all the risks and responsibilities surrounding the Child’s participation in Xperience. On behalf of myself and the Releasers I hereby covenant not to sue Christian Life College, Stockton Christian Life Ministries, Inc., or its trustees, officers, representatives, and employees (“Releasees”), and I hereby release, waive, forever discharge the Releasees from and against any and all liability for any harm, injury, damage, claims, demands, actions, causes of action, costs, and expenses of any nature that I may have or that may hereafter accrue to me or a Releaser, arising out of, or related to, Xperience, whether caused by the negligence or carelessness of the Releasees or otherwise. I further agree to indemnify and hold harmless Christian Life College and/or Stockton Christian Life Ministries, Inc. from and against any loss, liability, damage or cost, including court costs and attorneys’ fees that may arise due to the Child’s participation in Xperience. It is my expressed intent that this Consent, Liability Release and Waiver shall bind me, the members of my family and spouse, if I am alive, and my estate, family, heirs, administrators, personal representatives, or assigns, if I am deceased, and shall be deemed as a legally binding release, waiver, discharge and covenant not to sue the Releasees. 3. Represent that the Child does not suffer from a physical or mental impairment that would limit the Child’s ability to participate in Xperience activities; understand, agree and hereby grant Releasees permission to authorize emergency medical treatment for the Child, if necessary and arising out of the Xperience program, and that such action by Releasees shall be subject to the terms of this Agreement; and understand and agree that Releasees assume no responsibility for any injury or damage which might arise out of or in connection with such authorized emergency medical treatment. 4. Understand and acknowledge that the Sponsor does not carry or maintain medical or disability insurance coverage for the Child, and therefore agree to assume responsibility for insurance coverage for the Child. 5. Give permission to have photos of my Child taken during the Activity and used in future promotional literature of the Sponsor’s programs. The Child’s name will not be used.

THIS IS A LEGAL AGREEMENT AND INCLUDES A RELEASE OF LEGAL RIGHTS. READ AND BE CERTAIN YOU UNDERSTAND IT BEFORE SIGNING.

Name of Parent/Guardian (PRINT) _____

Signature _____ Date: _____