



## Facility Use Activity Participation Agreement

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

Person who will be participating in the activity at New Life Church and Academy:

\_\_\_\_\_

Address: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Email: \_\_\_\_\_

Parent or Guardian: \_\_\_\_\_

Sponsoring group or Organization: \_\_\_\_\_

*I certify that my child or I am in good health, free from communicable diseases, and able to participate in all activities under the rental agreement. In case of medical emergency, I hereby give permission for 911 to be called. I also understand that my/my child's participation in this activity can expose me/my child to dangers both from known risks and unanticipated risks. I hereby release and discharge New Life Church and Academy, its officers, agents, and employees from any and all claims or liability for personal injury or property damage I/my child may suffer while participating in the activity.*

\_\_\_\_\_

Signature of participant or parent/guardian (age 18 or older) Date