

ACCIDENT WAIVER & RELEASE OF LIABILITYName of the Activity or Event: Volunteering to Clean up after Louisiana FloodDate of Activity or Event: Thursday, Friday, Saturday, Sunday, August 18-21Student Name: _____
(Please Print Your Name)

I, _____ **HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING AND/OR VOLUNTEERING IN THIS ACTIVITY OR EVENT**, including any risks that may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or property owned, maintained, or controlled by them, or because of their possible liability without fault. I further understand that serious injuries, damages and other circumstances could occur while participating in this event.

I HEREBY WAIVE, RELEASE, DISCHARGE, AND PROMISE to hold harmless and ceaselessly discharge Parkview Baptist School, Parkview Baptist Church or sponsoring organization, and all of their members, directors, faculty, staff, volunteers or student helpers, of and from any and all claims, demands, causes of action or injury, lawsuits, damages, and liabilities, of all natures, whether it is known or unknown, in law or in equity, that I may have or ever have in the future while participating in any event on or off campus activities associated with the parties aforementioned in this agreement.

I CERTIFY THAT I AM PHYSICALLY FIT, and have not been advised to not participate by a qualified medical professional. I certify that there are no health-related reasons or problems which preclude my participation in this activity or event. I acknowledge that this Accident Waiver and Release of Liability Form will be used by the event holders, sponsors, and organizers of the activity or event in which I may participate, and that it will govern my actions and responsibilities at said activity or event.

MEDICAL TREATMENT CONSENT: I, the undersigned participant, do hereby grant permission to receive the necessary medical treatment in the event of an injury or illness while attending this function and I hereby hold Parkview Baptist School, Parkview Baptist Church or sponsoring organization, and all of their members, directors, faculty, staff, volunteers or student helpers, and any person(s) affiliated with this event harmless in the exercise of the authority.

By signing the waiver, I waive all claims for damages and/or injuries to myself whether the incident is caused by an ordinary negligence of the released parties mentioned or otherwise. I also guarantee that I am 18 years of age or older and am therefore competent in agreeing to this contract.

I CERTIFY THAT I HAVE READ THIS DOCUMENT, AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND AGREED TO SIGN IT OF MY OWN FREE WILL.

Student Signature: _____ Date of Participation: _____

Parent Signature: _____ Date of Participation: _____

In Case of Emergency, Please Contact: _____ Phone #: _____