

**HANDS IN MOTION
TABERNACLE BAPTIST CHURCH/VALLEY CHRISTIAN ACADEMY**

Waiver and Release of Liability
(Please fill in all information and sign)

Nerf Birthday Parties

I understand the following acknowledgements and guidelines:

- I UNDERSTAND THAT AS A PARTICIPANT I AGREE TO FOLLOW ALL THE RULES AND REGULATIONS OF THE NERF GAMES AND THE STATE OF CALIFORNIA'S LAWS IN REGARDS TO SAFETY AND REGULATIONS FOR OWNING AND OPERATING AN AIRSOFT/NERF GUN.
- I ATTEST THAT MY CHILD/MYSELF ARE IN GOOD PHYSICAL CONDITION AND GIVE HIM/HER PERMISSION TO PARTICIPATE IN THE ACTIVITY.
- I HEREBY RELEASE **HANDS IN MOTION/VCA/TBC** AND ITS VOLUNTEERS FROM LIABILITY IN CASE OF AN ACCIDENT.
- I UNDERSTAND THAT VOLUNTEERS IN THE NERF/EVENTS DEPARTMENT WILL CARRY OUT ANY DISCIPLINE DEEMED NECESSARY. I ALSO AGREE, IF NECESSARY, THAT I WILL PAY THE EXPENSES OF MY ACCIDENTAL OR NEGLIGENT ACTIONS.
- I ALSO UNDERSTAND THAT WHILE THE VOLUNTEERS WILL DO ALL THEY CAN TO CARE FOR PERSONAL ITEMS, THEY WILL NOT BE HELD RESPONSIBLE OR LIABLE FOR STOLEN OR LOST ARTICLES.
- I UNDERSTAND THAT THERE ARE RISKS AND DANGERS IN PARTICIPATING IN PHYSICAL ACTIVITIES INVOLVING NERF GUNS AND OBSTACLE COURSE EQUIPMENT INCLUDING BUT NOT LIMITED TO INJURY, ILLNESS, OR DEATH.
- I HAVE READ THE ABOVE WAIVER AND RELEASE AND BY SIGNING IT AGREE IT IS MY INTENTION TO EXEMPT AND RELIEVE HANDS IN MOTION/TB CHURCH/VCA AND IT'S VOLUNTEERS FROM LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH CAUSED BY NEGLIGENCE OR ANY OTHER CAUSE.

Participant Name (Print): _____

Age: ____ Parent Name: _____ Email: _____

Phone Number: (____) _____ School: _____

Emergency Contact: _____ Emergency Phone Number: (____) ____ - _____

Participant Signature: _____ Date: _____

Guardian Signature: _____ Date: _____