



# NORTH COAST CHURCH

## RELEASE OF LIABILITY / ACKNOWLEDGMENT OF RISK

In consideration of North Coast Church furnishing a spiritual, physical, or giving experience that may be coupled with equipment (either my own or loaned to me) to enable me to participate in community service activities, I agree as follows:

I fully understand and acknowledge that: (a) risks and dangers exist in my use of equipment and my participation in these service activities; (b) my participation in such activities and/or use of such equipment may result in my injury or illness including but not limited to bodily injury, disease, strains, fractures, partial and/or total paralysis, eye injury, blindness, heat stroke, heart attack, death or other ailments that could cause serious disability; (c ) these risks and dangers may be caused by the negligence of the owners, employees, officers or agents of North Coast Church; the negligence of the participants, the negligence of others, accidents, breaches of contract, the forces of nature or other causes. These risks and dangers may arise from foreseeable or unforeseeable causes; and (d) by my participation in these activities and/or use of equipment, I hereby assume all risks and dangers and all responsibility for any losses and/or damages, whether caused in whole or in part by the negligence or other conduct of the owners, agents, officers, employees, of North Coast Church, or by any other person.

I, on behalf of myself, my personal representatives and my heirs, hereby voluntarily agree to release, waive, discharge, hold harmless, defend and indemnify North Coast Church and its owners, agents, officers and employees from any and all claims, actions or losses for bodily injury, property damage, wrongful death, loss of services or otherwise which may arise out of my use of equipment or my participation in community service activities, I specifically understand that I am releasing, discharging and waiving any claims or actions that I may have presently or in the future for the negligent acts or other conduct by the owners, agents, officers or employees of North Coast Church. This waiver is good through 1/1/2023.

## MEDICAL PERMISSION AUTHORIZATION

If the participant is of minority age, the undersigned parent or guardian hereby gives permission for North Coast Church to authorize emergency medical treatment as may be deemed necessary for the child named below while participating in retreat activities from this date through 1/1/2023.

I HAVE READ THE ABOVE WAIVER AND RELEASE AND BY SIGNING IT AGREE IT IS MY INTENTION TO EXEMPT AND RELIEVE NORTH COAST CHURCH FROM LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH CAUSED BY NEGLIGENCE OR ANY OTHER CAUSE.

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**Print Name of Participant**

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**Date**

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**Signature of Participant**

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**Signature of Parent/Guardian (if participant is less than 18 yrs. Old)**

**WAIVER OF LIABILITY**  
**ALABASTER JAR PROJECT**  
**WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT**

1. In consideration for receiving permission to participate in the Alabaster Jar Project, I hereby release, waive, discharge and covenant not to sue Alabaster Jar Project, the Board of Alabaster Jar Project, their officers, agents, or employees (hereinafter referred to as RELEASEES) from any and all liability, claims, demands, actions, and causes of action whatsoever arising out of or related to any loss, damage, or injury, that may be sustained by me, or to any property belonging to me, while participating in such activity, while in, on or upon the premises where the activities are being conducted, regardless of whether such loss is caused by the negligence of the Releasees, or otherwise and regardless of whether such liability arises in tort, contract, strict liability, or otherwise, to the fullest extent allowed by law

2. I am fully aware of the risks and hazards connected with the activities of the Alabaster Jar Project, and I hereby elect to voluntarily participate in activities. I voluntarily assume full responsibility for any risks of loss, property damage, or personal injury that may be sustained by me, or any loss or damage to property owned by me, as a result of being engaged in activities, whether caused by the negligence of Releasees or otherwise, to the fullest extent allowed by law.

3. I further hereby agree to indemnify and hold harmless the RELEASEES from any loss, liability, damage, or costs, including court costs and attorneys' fees that Releasees may incur due to my participation in said activities, whether caused by negligence of Releasees or otherwise, to the fullest extent allowed by law.

4. It is my express intent that this Waiver and Hold Harmless Agreement shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representative, if I am deceased, and shall be deemed as a release, waiver, discharge, and covenant not to sue the above-named Releasees. I hereby further agree that this Waiver of Liability and Hold Harmless Agreement shall be construed in accordance with the laws of the State of California and that any mediation, suit, or other proceeding must be filed or entered into only in California and the federal or state courts of California. Any portion of this document deemed unlawful or unenforceable is severable and shall be stricken without any effect on the enforceability of the remaining provisions.

5. I understand that the location and information about residents/clients/attendees of the activities that I am involved in with Alabaster Jar Project must remain confidential for the safety and integrity of the clients/staff involved. I agree to keep this information private and not share the location of the safe house or resource center.

IN SIGNING THIS AGREEMENT, I ACKNOWLEDGE AND REPRESENT THAT I have read the foregoing Wavier of Liability and Hold Harmless Agreement, understand it and sign it voluntarily as my own free act and deed; no oral representations, statements, or inducements, apart from the foregoing written agreement, have been made; I am at least eighteen (18) years of age and fully competent; and I execute this Agreement for full, adequate and complete consideration fully intending to be bound by same.

IN WITNESS WHEREOF, I have signed this Waiver and Confidentiality Agreement

on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

PRINTED NAME OF VOLUNTEER/PARTICIPANT:

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SIGNATURE:

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