



## Liability Form

Name of Participant: \_\_\_\_\_ DOB: \_\_\_\_\_

Parent/Legal Guardian (if Minor): \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Tel.: \_\_\_\_\_ E-mail: \_\_\_\_\_

Any Medical/Special Condition or allergies? YES \_\_\_\_\_ NO \_\_\_\_\_

If so, please indicate: \_\_\_\_\_

Ins. Name: \_\_\_\_\_ Member Number: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

I completely understand that participation in event or activities in this event could include tasks or actions which might be dangers or hazardous to me. By signing below, I agree to the fact that participation can cause any harm or injury to me. I release Centro Cristiano Hispano, New Hope Youth, from all liability, costs and damages which could arise from participation in the event or activity. I agree to accept financial responsibility for the costs, related to this event, this emergency treatment and give my confirmation of the same by signing this document.

Participants Signature: \_\_\_\_\_

Parent/Legal Guardian: \_\_\_\_\_

The above signatures hereby acknowledge having read, understood and willingly agreed to the above liability release statements, indicated by the signature(s) on this document.

