

LANCASTER BAPTIST CHURCH WAIVER OF LIABILITY FORM

| I, parent/guardian of | , hereby consent to his/her |
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| participation in all activities at Lancaster Bap | otist Church and/or its Family Life Center. I |
| understand that some of the activities may include physical activity and I hereby hold harmless | |
| and indemnify Lancaster Baptist Church, its ministerial and lay staff, directors, trustees, or | |
| members from any and all liability resulting from any injury to my child as a result of | |
| participation in said activities. I understand that any and all medical treatment or other expense | |
| is the sole responsibility of the participant(s), and I agree to not make any claim against the | |
| Church, its ministerial and lay staff, directors, trustees, or members by reason of my child's | |
| participation in said church activities. | |
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| | PARENT/GUARDIAN |
| | Date: |