

High School Senior Trip
May 3-5, 2019
CALVARY BIBLE CHURCH Permission Slip and Release
Please read carefully before signing

- ☐ Yes, I my child has a current medical release on file, new to 2019
- ☐ No, my child doesn't have a current medical release on file, but one is attached with this permission slip.

Participant's name (please print): _____ Phone: _____

I expressly consent to the participant's involvement in the **High School Senior Trip**, scheduled to take place on **May 3-5, 2019**. The participant agrees to comply with all rules and policies for this activity.

I authorize my child to travel in a bus, car, or van to the Santa Cruz, CA and surrounding areas with Calvary Bible Church of Grass Valley, California. I understand and agree that the vehicle in which he/she/they may be traveling may not be owned by Calvary Bible Church. I am familiar with the dangers associated with vehicular transportation and understand that accidents are common. I also understand that the consequences of vehicular collisions include serious injuries, which may be permanent and can even result in death.

I also understand that during the trip, my child may participate in various activities including but not limited to, swimming in the ocean, surfing, boogie boarding, skateboarding, hiking, bike riding, being in the city, and engage in a variety of activities common to the ocean, beach, foothills and cities as well as other activities. I understand that such activities involve inherent and other risks of injury and death.

I understand that participation in each activity and event involves inherent and other risks. In consideration for the participant being permitted to be involved in the activities and events during the calendar year 2019, I agree to release Calvary Bible Church and its pastors, elders, officers, staff, employees, volunteer workers, attorneys, agents, representatives, affiliates, successors-in-interest, and assigns (collectively "Providers") from all liability, in excess of the applicable limits of any insurance providing coverage to Providers, for injury, death, and property loss and damage that arises out of or results from the activities and events, including all liability which results from the *negligence* of Providers, or any other person or cause.

I agree to submit any claim or dispute that arises out of, or results from any activity or event or this agreement to mediation and, if mediation is not successful, to legally binding arbitration. The mediation and legally binding arbitration will be conducted in accordance with the *Rules of Procedure for Christian Conciliation* of the Institute for Christian Conciliation. Judgment upon an arbitration award may be entered in any court otherwise having jurisdiction.

This agreement is binding upon the participant's heirs, executors, administrators, and assigns. I acknowledge this agreement is governed by the applicable laws of the State of California. If any provision of this agreement is held in whole or in part to be unenforceable for any reason, the remainder of that provision and of the entire agreement will be severable and remain in effect.

I HAVE READ, UNDERSTAND, AND VOLUNTARILY AGREE TO THIS LIABILITY RELEASE, MEDICAL RELEASE, AND MEDIATION AND ARBITRATION AGREEMENT. I VERIFY THAT I AM THE PARENT OR LEGAL GUARDIAN OF THE MINOR, AND I HAVE AUTHORITY TO ENTER INTO THIS AGREEMENT ON HIS/HER/THEIR BEHALF.

Participant's Signature: _____ Date: _____

Parent/Guardian: If participant is a minor, I verify that I am the parent or guardian of the minor, and I have authority to enter into this agreement on behalf of the participant.

Parent/Guardian's Signature: _____ Date: _____