



**FAITH CHRISTIAN**  
SCHOOL

**ASSUMPTION OF RISK, RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT**

I \_\_\_\_\_ (Name of Parent, Legal Guardian, or Adult Volunteer),  
(Print Full Name)  
am the parent or legal guardian of

\_\_\_\_\_  
**(List all Faith Christian School children participating, first and last name. If no children attending, leave this blank.)**

I execute this document as the parent or legal guardian of my child/children and for myself to the extent I am participating in Project Faith (collectively referred to as "Participants").

I acknowledge that participation in Project Faith involves risk to the Participants, (and to Participants' parents/guardians, if participants are minors), and may result in various types of injury including, but not limited to, the following: sickness, bodily injury, death, emotional injury, property damage and financial damage.

I, on behalf of myself and any other parent/guardian (if applicable) and on behalf of my minor children, accept and assume the risks of injury associated with participation in Project Faith, and I hereby:

Waive my right to assert, bring or file, in any court or other forum, any claim or claims of, or on behalf of the Participants against Faith Christian School, or any of its employees, directors and officers or agents. I release and promise to indemnify and defend Faith Christian School for any injury arising directly or indirectly out of Project Faith, whether such injury arises out of the negligence of Faith Christian School, the Participants, or otherwise.

As such, all parties hereby agree to release and hold harmless Faith Christian School, its Board of Directors, agencies, officers, employees, committees and volunteers, from and against all liability, loss, damages, claims or actions (including legal costs and attorneys' fees) for any bodily injury and/or property damage, to the extent permissible by law arising from or related to participation in Project Faith.

This indemnification and hold harmless agreement shall include indemnity against all costs (including without limitation, reasonable attorneys' fees and court costs), expenses and liabilities incurred or in connection with any such claim or proceeding brought thereon and in defense thereof.

In signing this release, indemnification and hold harmless form, I acknowledge that I have read and understand fully the foregoing agreement, understand that I am agreeing to assume the risk, 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.

By signing the agreement, I acknowledge the contagious nature of COVID-19 and related illnesses, and voluntarily assume the risk that I may be exposed to or infected. I acknowledge that exposure may result in personal injury, illness, permanent disability, and death.

\_\_\_\_\_  
**- Parent or Legal Guardian of Participant Signature**

\_\_\_\_\_  
Date

\_\_\_\_\_  
**-Adult Participant Signature**

\_\_\_\_\_  
Date

\_\_\_\_\_  
**-Adult Participant Signature**

\_\_\_\_\_  
Date

\_\_\_\_\_  
**-Printed Name(s)**