## **Vacation Bible School Registration form**

Childs name:	DOB:		
Childs name:			
Childs name:	DOB:		
Childs name:	DOB:		
Parents name:			
Cell numbers/Home number:			
Emergency contact info:			

T-Shirt Size:\_\_\_\_\_

## VACATION BIBLE SCHOOL GREEK ORTHODOX MISSION PARISH OF UTAH GENERAL WAIVER, ASSUMPTION OF RISK, RELEASE OF LIABILITY, AND INDEMNIFICATION AGREEMENT

The undersigned, personally and/or on behalf of the individual(s) listed below, represents and agrees as follows:

1. The undersigned is either over the age of eighteen (18) personally and/or is over the age of eighteen (18) and is signing on behalf of individuals under the age of eighteen (18) for whom they are the parent or legal guardian.

2. This General Waiver, Assumption of Risk, Release of Liability, and Indemnification Agreement (the "Agreement") covers and applies to all activities that occur during Vacation Bible School ("VBS") sponsored by the Greek Orthodox Mission Parish of Utah ("GOMPU"), and covers and applies to all activities engaged in during VBS.

3. The undersigned is aware that certain risks are inherent in participating in a VBS and its recreational activities, and that unexpected injuries may arise. Despite these risks, the undersigned hereby accepts and assumes such risks. Therefore, the undersigned and his or her heirs, agents, executors, administrators, and assigns hereby agree to indemnify, hold harmless and release GOMPU and all of its affiliates, insurers, employees, agents, representatives, volunteers, members, managers, officers, directors, and shareholders from and against all claims, losses, injuries, damages, property damage, expenses and liabilities of every kind, which result from, relate to, arise out of, or are in anyway associated with VBS. The duty to indemnify includes the obligation to defend and pay reasonable costs and attorneys' fees incurred to defend against such liability.

4. The undersigned represents and agrees that he or she shall be responsible for any expenses incurred or damages suffered as a consequence of any personal injury or property loss or damage, and that he or she shall not hold GOMPU responsible for any such expenses.

5. The undersigned hereby gives his or her consent to be treated, or to have treated the minor(s) whose name is stated herein, by a physician or surgeon in case of sudden illness or injury while participating in VBS and that the cost will be at the expense of the undersigned.

6. The undersigned agrees that this Agreement is to be governed by and construed under the laws of the State of Utah and the United States, to the extent they preempt or supersede the laws of the State of Utah, without giving effect to its conflict of laws principles.

## I HEREBY CERTIFY THAT I HAVE READ AND UNDERSTOOD THIS WAIVER, ASSUMPTION OF RISK, RELEASE OF LIABILITY, AND INDEMNIFICATION AGREEMENT AND HEREBY AGREE TO BE BOUND BY ITS TERMS.

## All participants under the age of eighteen (18) must have Parent/Guardian's Signature

PARTICIPANT'S PRINTED NAME(S):		
PARENT/GUARDIAN'S PRINTED NAME:	PARENT/GUARDIAN'S SIGNATURE:	DATE: