



**RELEASE FORM**

I, \_\_\_\_\_ the \_\_\_\_\_ Parent \_\_\_\_\_ or \_\_\_\_\_ Guardian \_\_\_\_\_ of \_\_\_\_\_, give my permission for participation in the programs/events of WORSHIP LIFE, INC. DBA LOVE SAN CLEMENTE. I understand these programs/events occur both on WORSHIP LIFE, INC. DBA LOVE SAN CLEMENTE campus as well as other locations off campus. I hereby remise, release and forever discharge WORSHIP LIFE, INC. DBA LOVE SAN CLEMENTE, its employees, agents, servants and all other persons, firms and corporations whomsoever of and from any and all actions, claims and demands, whosoever which claimant now has or may hereafter have on account of or arising out of any accident, casualty and/or action which might happen while participating in programs/events. I further understand that there is no Worker's Compensation or Accident Insurance furnished by WORSHIP LIFE, INC. DBA LOVE SAN CLEMENTE for such programs/events. I acknowledge that I am responsible for any and all medical expenses of the above noted participant while participating in all programs/events, and agree to hold harmless WORSHIP LIFE, INC. DBA LOVE SAN CLEMENTE of any and all liability that may arise out of such participation.

\_\_\_\_\_  
Date Parent or Guardian Signature Relationship to Minor

ADDRESS: \_\_\_\_\_

TELEPHONE: (Day) \_\_\_\_\_ (Night) \_\_\_\_\_

EMAIL: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_