

**Marshall Road Church Of God  
4400 Marshall Rd. Kettering, Ohio. 45425  
937/299/5223**

**PARTICIPANT / PARENT / GUARDIAN WAIVER AND  
INDEMNITY AGREEMENT**

Program / Activity: Any planned or special event

Participant's Name: \_\_\_\_\_

In consideration of your accepting me or my child for participation in the above named programs, activity, or sport, I hereby, for myself, my heirs, executors, and administrators, waive and release any and all rights and claims for damages that I may have against **MARSHALL ROAD CHURCH OF GOD** and It's agents, employees, representatives, successors and assigns for all injuries suffered by myself or my child that arise out of the above named programs, activities, or sport sponsored by the **MARSHALL ROAD CHURCH OF GOD.**

I warrant that I have the right to authorize the forgoing and do hereby agree to hold the **MARSHALL ROAD CHURCH OF GOD** harmless of and from any and all liability of whatever nature which may rise out of or result from such participation.

For consideration stated above, I further agree that in the event that my child or I should make any claim against the **MARSHALL ROAD CHURCH OF GOD** for damages arising out of the above named program, activity, or sport, I will personally indemnify, defend, and hold harmless the **MARSHALL ROAD CHURCH OF GOD** and its agents, employees, representatives, successors, and assigns against any and all loss and damage occasioned thereby, including attorney's fees.

I authorize any adult chaperone accompanying the trip/event to obtain any medical treatment for the participant that should appear necessary during the trip/event.

I have read and understand this Agreement and have willingly placed my signature below as evidence of my acceptance of all the conditions contained herein.

**Signature: Participant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

***INFO.***

***ALL medication has to be turned to Pastor Greg or Tanis.***