

Release of Liability Waiver Agreement

Trinity Baptist Temple, Fort Worth, TX

6045 WJ Boaz Rd. ▪ Fort Worth, TX 76179 ▪ (817) 237-4255 ▪ Fax: (817) 237-5233

I, _____, (parent/guardian) give permission for my child,
_____, (Participant) to participate in:

(1) _____ (Name of event) (2) _____ (Name of event) (3) _____ (Name of event)

Parent Waiver:

I (we), the undersigned parent(s)/guardian(s) of _____ (Participant), give permission for my child, a minor, to attend activities sponsored by Trinity Baptist Temple Church. I understand that they will be participating in events on equipment that could possibly result in major and/or minor injury to my child, for which I agree not to hold Trinity Baptist Temple Church responsible. I also understand that I may be held responsible for any damage or injury to others caused by my child. It is further understood that the undersigned will assume full financial responsibility for all expenses incurred for any medical treatment or services, as well as, any damage that may be caused by the above named "Participant."

Signature of Parent/Guardian

Date

Signature of Parent/Guardian

Date