Cypress Point Church

Adventure 2023-2024 Program

Hold Harmless/Waiver

I,, who as Parent/Guardia						
Child's Name _						
DOB	Sex:	□Male	□Female	Phone _		
Address					City	Zip
volunteer represe Adventure active child's injury or that in accordant Adventure, and	sentatives havity. I agree accident peace with this any volunte	rmless in that I wil rsonally a waiver, I er represe	the event that I underwrite a and/or in conwill not file a centative at some	at my child s any medical junction with a claim again me later date	uffer any in costs or other my persor ast CPC or to for such in	ice carrier, Adventure, and jury or accident during any her costs related to my hal insurance carrier, and their insurance carrier, jury or accident. I ies during any Adventure
•		Signed t	hisday o	of	202	
	Effe		a period of 1			ned.
			Parent/Guard	dian Signatu	re	
		P	arent/Guardi	an (Print Na	me)	
		РНОТ	TO/VIDEO RE	LEASE PERIV	IISSION	

______Date _____

material and publications, and waive any rights of compensation or ownership thereto.

I hereby give permission for images of my child, captured during Adventure 2021/22 through video, photo, and digital camera, to be used solely for the purposes of Cypress Point Church promotional

Parent/Guardian Signature

Parent/Guardian (Print Name)