san diego
christian fellowship

HOLD HARMLESS FORM

(This form shall be completed for <u>each</u> increased-risk event. The original shall be <u>left</u> at the church office of either the North or South Campus of SDCF and a copy or a second original shall be <u>taken</u> on each trip and shall be in the hands of the designated leader or event coordinator.)

Name of Event: **<u>2026 CHURCH FAMILY CAMP</u>** Date of Event: **<u>AUGUST 28-30</u>**

Participant's Full Name: _____ Cell #: _____

Date of birth: _____ Age: _____ Sex: _____

Address: _____

Adult Emergency Contact Name: _____ Relationship to Participant: _____

Adult Emergency Contact Cell #: _____

I, _____ (print name), will participate in this event and I understand that reasonable safety precautions will be taken by the leaders of this event, and yet there remains the possibility of unforeseen hazards.

I agree to hold harmless San Diego Christian Fellowship or its pastors, board members, leaders, employees, volunteer staff, agents, or representatives from any claim arising out of, or participation in, any form or fashion in the above event that may result in damages, losses, diseases, or injuries incurred

- upon myself, my property, my personal effects,
- or upon other attenders of this event, or guests – invited or not – and the property or personal effects of those attenders or guests.

Signature: _____ Date: _____

Event Details:

Church Family Camp, August 28, 3:00pm – August 30, 12:00PM
Indian Hills Camp
15763 Lyons Valley Rd.
Jamul, CA 91935