## LAURELVILLE MENNONITE CHURCH CENTER RELEASE OF LIABILITY—READ BEFORE SIGNING

In consideration of being allowed to participate in a Laurelville Mennonite Church Center, a Pennsylvar legally bound hereby, I, the undersigned,	ia non-profit corporat	ion ("LMCC"), and intending to be
1. The risk of injury from the activities involved in lapermanent injury and death. While particular skills, risk of serious injury does exist and this risk and day of nature, and other causes.	equipment, and perso	nal discipline may reduce this risk, the
2. I KNOWINGLY AND FREELY ASSUME ALL ARISING FROM THE NEGLIGENCE OF THE RI responsibility for my participation; and		
3. I willingly agree to comply with LMCC's terms, If, however, I observe any unusual significant hazar participation and bring such to the attention of LMC	d during my participat	
4. I, for myself and on behalf of my heirs, assigns, personal representatives, and next of kin, DO HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS LMCC, and its officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of any premises used for the program activity ("Releasees") WITH THE RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property associated with my presence or participation in LMCC's programs, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.		
I HAVE READ THIS RELEASE OF LIABILITY A UNDERSTAND ITS TERMS, UNDERSTAND TH SIGNING IT, AND SIGN IT FREELY AND VOLU HEREIN STATED.	AT I HAVE GIVEN U	JP SUBSTANTIAL RIGHTS BY
·	Age:	_ Date Signed:
Participant's Signature Mailing Address:		Home Phone:
FOR PARENTS/GUARDIANS OF PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT TIME OF REGISTRATION)		
This is to certify that I, as parent/guardian with legal his/her entering into the above release and assumptio assigns, personal representatives, and next of kin, for legally bound, do hereby agree to release, indemnify, incident to my minor child's involvement or participa ARISING FROM THE NEGLIGENCE OF THE RERISKS associated with LMCC's programs. I do furth physical disabilities or health problems which will practivities.	n of risk agreement, and the consideration state and hold harmless the ation in LMCC's programmer and do agree certify that my child	nd for myself, my child, and our heirs, ed hereinabove, and intending to be Releasees from any and all liabilities rams as provided above, EVEN IF ee TO ASSUME AND ACCEPT ALL ld is in good health and has no known
		Date Signed:
Parent/Guardian Signature (Print i	name)	
In case of Emergency, Notify:		Phone: