



Please read the required waiver that is applicable to all Registrants and acknowledge:

I plan to participate in a volunteer activity and related activities (herein the “activity”) sponsored by The Church at Lake Mead and Lake Mead Christian Ministries, and WHEREAS, I recognize that participation in such activity may be hazardous and dangerous. I, the undersigned, as a participant at Lake Mead Christian Ministries do understand that in consideration of Lake Mead Christian Ministries, I do release them, their officers, agents, coaches, volunteers or employees from all liability demands or claims for loss, damage, or injury resulting from participating in or setting up of all activities. I recognize and understand that activities may occur that require I be in good health and good physical condition. Recognizing and understanding this, I warrant and declare that I am. I also understand that participating in or observing any Lake Mead Christian Ministries activity which may include physical activity has a risk of injury or accident due to unforeseen conditions. ALSO, I recognize that it is my responsibility to provide supervision and protection for all children and students that are within my care.

RELEASE OF LIABILITY - MINORS

The undersigned does hereby give permission for my child to attend and participate in activities sponsored by Lake Mead Christian Ministries. The undersigned does also hereby give permission for my child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by Lake Mead Christian Ministries. I absolve and agree to hold harmless Lake Mead Christian Ministries, its employees, officers, agents, volunteers or coaches from any liabilities, which may result from myself or that of any minor in my legal custody participating in the above activity.

I also give Lake Mead Christian Ministries permission to consent to medical/health care treatment in the area of Medical/ER treatment including surgery or dental care.

Name: _____ Phone/Cell: _____

Parent/Guardian Name if under 18: _____

Signature: _____ Date: _____

Emergency Contact:

Name: _____

Phone/Cell: _____