

BEREA CHURCH OF CHRIST RELEASE OF LIABILITY FORM

Use of Bouncy Houses, Slides, and Inflatables during Plus One - Berea Youth Group

Date of Event: September 24th, 2025

Participant Name: _____ **Age:** _____

Parent/Guardian Name (if under 18): _____

Address: _____

Phone Number: _____

Emergency Contact Name and Number: _____

1. Acknowledgment of Risk I, the undersigned, understand that participation in bouncy house activities involves inherent risks, including falls, collisions, bumps, strains, and other potential injuries. I acknowledge that these activities occur during the Vacation Bible School at Berea Church of Christ.

2. Release of Liability In consideration of being allowed to participate in the bouncy house activities, I hereby release, waive, discharge, and hold harmless Berea Church of Christ, its staff, volunteers, agents, and representatives from any and all claims, demands, or causes of action arising out of or related to any loss, injury, or damage sustained while participating in the bouncy house activities.

3. Medical Treatment I grant permission for the staff and volunteers of Berea Church of Christ to seek medical attention and obtain medical treatment in the event of an injury or accident. I understand that I am responsible for any medical expenses incurred.

4. Assumption of Risk I voluntarily assume all risk of injury, including but not limited to falls, strains, or collision with other participants, arising from participation in the bouncy house activity. I understand that this activity is of a physical nature and accept all associated risks.

5. Agreement and Signature By signing below, I confirm that I have read this release form thoroughly, understand its contents, and agree to its terms.

Participant Name (if adult): _____

Signature: _____

Date: _____

Parent/Guardian Name (if participant is under 18): _____

Signature: _____

Date: _____