

Adult Coach/Chaperone – Release of Liability Please Print and Provide All Information Requested.

IMPORTANT: THIS DOCUMENT CONTAINS A RELEASE OF LIABILITY. YOU ARE ADVISED TO REVIEW IT CAREFULLY.

Name of Chaperone:		
Address:		
Church Name:	Tea	am Name:
Event Location:	Dates C	Chaperone Will Attend Event:
In consideration of my participation Chaperone - Release of Liability.	in Summit and its relate	ed activities ("Event"), I am signing this Adult Coach/
and of personal injury, illness or ever	n death, including but not ad around facilities, advers	at involvement in the Event may involve risk of property damage limited to the risks arising from transportation–related activities e weather conditions, and injuries and illness as a result of food
participating in Event activities, and I to me at this time. I further generally and other participants at the Event, grounds. This Release of Liability is g	expressly assume all risk release West Coast Hono from any and all claims liven on behalf of myself,	at I am fully capable of my duties as chaperone as well as safely sof my involvement, whether such risks are known or unknown r Camp ("WCHC") its directors, officers, volunteers, and agents that I may have against any of them, whether on or off Even and any of my heirs, family, estate, administrators, and personal to be as broad and inclusive as permitted by law.
		emed advisable in the event of injury, accident and/or illness If none, "None" or "N/A"):
List any physical conditions (asthma,	diabetes, etc.), and/or an	y necessary medications (If none, "None" or "N/A"):
Media Release		
I understand that at this Event or relabe freely used for any legitimate purpo	ose by WCHC and its assi- ohs/ videos by WCHC in	notographed. I agree to allow my photo, video or film images to gns. I hereby authorize and consent to the editing, reproduction its publications, websites, social media and print media. I used.
General Provisions		
Coach/Chaperone - Release of Liabil	ity. By signing below, I ac provided is accurate. If a	d have the full power and authority to enter into this Adul eknowledge that I have read and understand this document, and any portion of this Agreement is determined to be invalid of element shall remain valid.
I expressly agree that this Release is	s intended to be as broad	and inclusive as permitted by the State of Illinois and that this with the laws of the State of Nevada, without regard to its choice
Chaperone Signature	Date	Contact Phone Number/Email
Chaperone Name - Printed		Emergency Contact: Name and Phone Number