

EXCURSION AND TRIPS WAIVER (Adult Participant)

LUTHERAN CHURCH OF OUR SAVIOR, 5050 N.SIERRA WAY, SAN BERNARDINO, CA 92404

In consideration of allowing me to participate in the **Lutheran Church of Our Savior** excursion specified as follows: The excursion is to be held from _____, 20__ through _____, 20___. And will involve visits to the following locations: _____

_____, I hereby specifically acknowledge and agree as follows:

I accept all rules and requirements governing conduct during the excursion.

I hereby agree to indemnify, and do hereby release and forever discharge the LUTHERAN CHURCH OF OUR SAVIOR, its officers, employees, pastors, agents, directors, trustees, members, and all persons acting by or on behalf of them (herein collectively referred to as "CHURCH") from any and all Liabilities arising from or relating to the above-described excursion. For the purposes of this Agreement, "Liabilities" means all claims, demand, losses, actions, causes of action, suits, debts, liabilities, and judgments of any and every kind that I, my heirs, executors, administrators or assignees ("Releasees") may now or hereafter have against the CHURCH, or that any other person or entity may have against the CHURCH, because of my death, personal injury or illness, or because of any loss or damage to property that occurs during the above described excursion and that results from any cause.

I acknowledge that this is a full and final release of all Claims against the Church, and that I intend and expressly agree that this shall be effective as a bar to each and every Claim against the Church. I expressly waive any and all rights and benefits conferred upon me and all Releasees now or in the future under the terms of California Civil Code Section 1542, which provides as follows:

"A general release does not extend to claims which the creditor does not know or suspect to exist in his favor at the time of executing the release, which, if known by him, must have materially affected his settlement with the debtor."

In Witness Whereof, I have executed this Waiver on and as of the date set forth below.

Signature

Date

Print name

(Home Phone) _____
(Work/Cell Phone) _____

Address

EMERGENCY CONTACTS (list two):

Name

(Home Phone) _____
(Work/Cell phone) _____

Name

(Home Phone) _____
(Work/Cell Phone) _____

SPECIAL NOTE TO PARTICIPANTS: (1) All drugs to be taken by or administered during the above described excursion, including all appropriate dosages and times of administration, must be specified on this form; (2) The participant must be capable of administering and/or taking such drugs on his/her own; (3) All existing medical conditions which may be relevant to your health while on the above excursion must be listed on this form; (4) _ Initial here if there are NO medical conditions that the staff should be aware of and NO drugs are required on the trip;

List Medications (including dosages and times for administration) and Medical Conditions here: