

Tacoma Christian Center does not discriminate against or exclude anyone from Participating in any program on the basis of race, color, national origin, age, sex, religion or handicap.

Waiver and Release From Liability

Liability Waiver: I understand that Tacoma Christian Center/WINNERS assumes no responsibility for injuries or illnesses which I may sustain as a result of my physical condition, or resulting from my observation or participation in any activity or my use of facilities or equipment for Tacoma Christian Center/WINNERS activities. I expressly acknowledge on behalf of myself and my heirs that **I assume the risk for any and all injuries and illnesses which may result from my participation in these activities. I hereby release and discharge Tacoma Christian Center/WINNERS, its agent, volunteers, and employees from any and all claims for injury, illness, death, loss or damage which I may suffer as a result of my participation in these activities.**

Property Loss: I understand that Tacoma Christian Center/WINNERS is not responsible for personal property lost, damages, or stolen while cardholders and/or program participants are using Tacoma Christian Center/WINNERS facilities or on the Tacoma Christian Center/WINNERS premises.

Photograph Permission: I give my permission for Tacoma Christian Center/WINNERS to use, without limitation or obligation, photographs, film footage, or tape recordings which may include image or voice for the purposes of promoting or interpreting Tacoma Christian Center/WINNERS programs.

Insurance: I understand it is my responsibility to provide for my own (and other members of my family if applicable) accident and health coverage while participating in all Tacoma Christian Center/WINNERS activities. Tacoma Christian Center/WINNERS does not provide any accident or health insurance for its participants.

Medical Release: I authorize Tacoma Christian Center/WINNERS, as my agent, to give consent to myself or my child medical treatment by a licensed physician or hospital when such treatment is deemed necessary by the physician and I cannot be contacted within a reasonable time or otherwise unable to give such consent. I authorize Tacoma Christian Center/WINNERS to give first aid, CPR, or other treatment by a qualified staff member.

Limitations which may interfere with emergency treatment: medication, allergies, chronic illnesses, surgeries, drugs, etc. Attach additional page if needed. _____

Acceptance: This waiver and release is given for myself and on behalf of the minor members of my family listed, if any. I acknowledge the conditions for joining stated above. If any portions of this waiver are held to be invalid, I agree that the remaining terms shall continue to be in full legal force and effect. **I have read, or have had read to me, and voluntarily sign this waiver and release from liability.**

Signature of parent/guardian/cardholder (18 years or older)

Date

Additional adult cardholder(s)

Date