

Adult Waiver

By checking this box, I choose to attend and participate in this event with Church on the Rock, Georgetown Inc. (Church on the Rock). I understand what duties, responsibilities and tasks are required to participate in this event. I declare that I am physically and mentally able and competent to participate in this event. I also hereby release the officers, employees, agents or representatives of Church on the Rock from any and/or all liability associated with this event. I authorize the officers, employees, agents, or representatives to make decisions for any and all medical attention I may require while in the care of said officers, employees, agents, or representatives.

I understand that if an individual that attends Church on the Rock organizes an activity or event that is not on the Church on the Rock calendar or does not have an electronic registration on the website or slide on the pre-service presentation, it has not been authorized by Church on the Rock and is not a church-sponsored activity or event. I also understand that this form, as well as the Church on the Rock Guidelines and Procedures, would not apply to this activity or event and all responsibility and liability would fall solely on the individual organizing the activity or event.

Child Waiver

By checking this box, I testify that I am the legal parent and/or guardian of the child(ren) I am registering for this event. I hereby declare that permission/consent has been granted for my child(ren) and/or custodial minor(s) to attend and participate in this event with Church on the Rock, Georgetown Inc. (Church on the Rock). I understand what duties, responsibilities and tasks are required to participate in this event. I declare that my child(ren) is/are physically and mentally able and competent to participate in this event. I also hereby release the officers, employees, agents, or representatives of Church on the Rock from any and/or all liability associated with this event. I authorize the officers, employees, agents, or representatives to make decisions for any and all medical attention my child(ren) may require while in the care of said officers, employees, agents, or representatives. I have been given an opportunity to submit below any known medical conditions and allergies for my children; as well as all activities that I wish my child(ren) not participate in.

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