



RELEASE OF LIABILITY / CONSENT FORM

I, _____, hereby acknowledge that I have voluntarily decided to participate in BRAVEheart's campBRAVE Workshop of Summer 2017.

As consideration for being permitted by BRAVEheart to participate in these activities, I hereby agree that I, my parents, guardians, and representatives will not make a claim against BRAVEheart, Care Net Pregnancy Center, Remnant Church, or any of its affiliated organizations, employees or representatives, for injury or damage to my person that occurs as a result of my participation in any campBRAVE activities. In addition, I hereby release and discharge BRAVEheart, Care Net Pregnancy Center, Remnant Church, and its affiliated organizations, employees, agents and representatives from all claims, actions or demands I, my parents, guardians, or representatives now have or may hereafter have for injury or damage resulting from my participation in these activities.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN BRAVEHEART, CARE NET PREGNANCY CENTER, REMNANT CHURCH, AND MYSELF, AND I SIGN IT OF MY OWN FREE WILL.

SIGNATURE OF STUDENT:

PLEASE PRINT:

DATE:

SIGNATURE OF PARENT/GUARDIAN:

PLEASE PRINT:

DATE:
