Northside Baptist Church
WAIVER OF LIABILITY FOR FLC USE

I recognize that the use of the **Family Life Center** of **Northside Baptist Church** and all equipment and facilities contained therein have inherent risks of injury. For and in consideration of **Northside Baptist Church** permitting me to use the **Family Life Center**, I, my spouse, assignees, heirs, guardians, and legal representatives hereby voluntarily indemnify, release from liability, agree to defend and hold harmless, **Northside Baptist Church**, and its officers, trustees, employees, agents, representatives, and any group affiliated there for any accident, injury, illness, death, loss, theft, damage to person or property, or other consequences suffered by me, arising or resulting directly or indirectly from my use of the **Family Life Center**. In the event that I am injured, I agree to assume any financial obligation, either through my health insurance, or through some other means, for any medical costs that I incur. **Northside Baptist Church** assumes no responsibility for any medical expenses, injury, or damage suffered by me in connection with my use of the **Family Life Center** facilities.

My signature indicates that I have read and understand this Waiver of Liability and the Family Life Center Policies and Procedures. I am aware that this is a waiver and a release of liability and I voluntarily agree to its terms. I agree to abide by all FLC Policies and Procedures.

Participant's Name (Please PRINT): _____

Participant's Signature: _____

Driver's License/State ID #: _____ _____
Number State Issued

In case of emergency, contact: _____ Phone: _____

(Parent's Signature if under 18 years of age)

I represent that I have legal capacity and am authorized to act on behalf of the minor named herein.

Parent/Guardian Name (Please PRINT): _____

Parent/Guardian Signature: _____ **Date:** _____