Where's Waldo Night February 11, 2022 CALVARY BIBLE CHURCH Permission Slip and Release Please read carefully before signing

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I understand my child needs a current medical release on file, new to 2022 My child's is not ill or showing signs of illness on the day of the event.

Participant's name (please print): Phone: I expressly consent to the participant's involvement in Where's Waldo Night, scheduled to take place on February 11, 2022. The participant agrees to comply with all rules and policies for this activity.

I authorize my child to travel in a bus, car, or van to the Roseville, CA area with Calvary Bible Church of Grass Valley, California. I understand and agree that the vehicle in which he/she/they may be traveling may not be owned by Calvary Bible Church. I am familiar with the dangers associated with vehicular transportation and understand that accidents are common. I also understand that the consequences of vehicular collisions include serious injuries, which may be permanent and can even result in death.

I also understand that during the trip, my child may participate in various activities including but not limited wandering around the mall and other activities at the church. I understand that such activities involve inherent and other risks of injury and death.

With regard to COVID-19, the CDC states that some activities carry different levels of risk. I understand that this gathering fits what the CDC calls "Even More Risk." Though we will strive for physical distancing, the CDC warns that when people "mix between groups and do not remain spaced apart, even though all [people] are from the local geographic area (e.g., community, town, city, or county)" there is a higher level of risk than sheltering at home.

I understand that participation in each activity and event involves inherent and other risks. In consideration for the participant being permitted to be involved in the activities and events during the calendar year 2022, I agree to release Calvary Bible Church and its pastors, elders, officers, staff, employees, volunteer workers, attorneys, agents, representatives, affiliates, successors-in-interest, and assigns (collectively "Providers") from all liability, in excess of the applicable limits of any insurance providing coverage to Providers, for injury, death, and property loss and damage that arises out of or results from the activities and events, including all liability which results from the *negligence* of Providers, or any other person or cause.

I agree to submit any claim or dispute that arises out of, or results from any activity or event or this agreement to mediation and, if mediation is not successful, to legally binding arbitration. The mediation and legally binding arbitration will be conducted in accordance with the Rules of Procedure for Christian *Conciliation* of the Institute for Christian Conciliation. Judgment upon an arbitration award may be entered in any court otherwise having jurisdiction.

This agreement is binding upon the participant's heirs, executors, administrators, and assigns. acknowledge this agreement is governed by the applicable laws of the State of California. If any provision of this agreement is held in whole or in part to be unenforceable for any reason, the remainder of that provision and of the entire agreement will be severable and remain in effect.

I HAVE READ, UNDERSTAND, AND VOLUNTARILY AGREE TO THIS LIABILITY RELEASE, MEDICAL RELEASE, AND MEDIATION AND ARBITRATION AGREEMENT. I VERIFY THAT I AM THE PARENT OR LEGAL GUARDIAN OF THE MINOR, AND I HAVE AUTHORITY TO ENTER INTO THIS AGREEMENT ON HIS/HER/ THEIR BEHALF.

Participant's Signature: _____

| Date: |
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Parent/Guardian: If participant is a minor, I verify that I am the parent or guardian of the minor, and I have authority to enter into this agreement on behalf of the participant.

Parent/Guardian's Signature: ______Date: _____Date: ______Date: _____Date: _____Date: _____Date: _____Date: _____Date: ______Date: _____Date: ______Date: _____Date: ______Date: ______Date: ______Date: _____Date: ______Date: ______Date: ______Date: ______Date: ______Date: ______Date: ______Date: _____Date: _____Date: _____Date: _____Date: _____Date: _____Date: ______Date: ____

COVID related

- We ask that each participant, adult and teen, self-screen for illness.
- If someone has symptoms of illness, especially COVID-19, they need to stay home.
- We will keep a record of who attends this event.
- We will aim for good sanitation practices.
- The CDC categorizes activates such as Day Camps, which this fits within, in various levels of risk. This carries with it the 3rd level of risk which is described as "Even Higher Risk." The way they describe this risk level is this: "Campers mix between groups and do not remain spaced apart. All campers are from the local geographic area (e.g., community, town, city, or county)."

If you have any questions about this plan, please contact Jason Wood in the church office.

Calvary Bible Church

273-1343

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