



CHRISTIAN HOMESCHOOL ACADEMIC MINISTRY PROGRAM
SOCIETY

Waiver
(2010 – 2011)

The undersigned understands that there are inherent risks involved in the activities offered by the Christian Homeschool Academic Ministry Program (CHAMP), and fully accepts and fully assumes all risks and hazards and the possibility of personal injury, death, property damage or loss resulting from general negligence on the part of CHAMP, its members/participants, teachers, coaches/instructors, employees and volunteers, with the exception of claims arising from the gross negligence of the said persons, or an insurable motor vehicle accident.

IN CONSIDERATION of CHAMP agreeing to provide their program including activities noted and not noted on the signed registration forms, the undersigned, for myself, my children, members of my family, my administrators, executors, successors and assigns, **HEREBY** waive all rights and claims and release CHAMP, its members/participants, teachers, coaches/instructors, employees and volunteers, from all liability with respect to any injury, (including death) or property loss or damage (including loss by fire or theft) and all damages, losses, costs and expenses suffered or incurred by me or members of my family in any way arising from or during any activity or event organized or instructed by CHAMP or the use or occupation of the CHAMP property, whether or not caused by the general negligence of CHAMP, its members/participants, teachers, coaches/instructors, employees or volunteers, with the exception of claims arising from the gross negligence of the said persons, or an insurable motor vehicle accident.

I agree to indemnify and hold harmless CHAMP, its members/participants, teachers, coaches/instructors, employees and volunteers from and against any demand, action, suit or proceeding of every kind and nature whatsoever with respect to such injury or property loss or damage, with the exception of claims arising from the gross negligence of the said persons, or an insurable motor vehicle accident.

DATE:	SIGNATURE OF WITNESS: (non-family member, please)
SIGNED:	
PRINT ADDRESS:	PRINT NAME OF WITNESS BELOW:
PRINT NAME(S) OF REGISTERED CHAMP STUDENT(S) BELOW:	PRINT ADDRESS OF WITNESS BELOW:

Note: In the case of children under the age of 18 years, a parent or guardian must sign this form on their behalf.