

ACTIVITIES RELEASE FORM
OBSTACLE COURSE
Tampa Bay Baptist Conference Center
Tampa, Fl 33613-1009
Phone: (813) 961-1059 Fax: (813) 960-8634

By signing this release form I agree to release and hold harmless the Tampa Bay Baptist Association, its agents, assistants, employees, and co-sponsors including but not limited to: Tampa Bay Baptist Conference Center and its employees or agents, for any damage or injuries, physical or mental, which I might incur as a result of my voluntary decision to participate in the **Obstacle Course Activities** held at the Tampa Bay Baptist Conference Center, Tampa, Fl 33613-1009

If I do voluntarily choose to participate in the **Obstacle Course Activities**, I recognize that there is a significant element of risk in any adventure, sport, or activity associated with the outdoors. Knowing the inherent risks, dangers, and rigors involved in the above activities, I certify that I am fully capable of participating in the activities.

I assume full responsibility for myself for bodily injury, death, loss of personal property, and expenses thereof, as a result of my negligence, or other risks, including but not limited to those caused by ropes course, the terrain, the weather, my athletic and physical condition, and other participants.

By signing this release form, I agree that if I do sustain any physical injury or mental damage of any nature as a result of my voluntary decision to participate in the **Obstacle Course Activities**, I voluntarily agree to hold harmless and release the above named parties from any liability therefore and that this release is binding on my heirs and assigns.

I acknowledge that I have been given the opportunity to ask questions regarding any aspect of this release form and by signing in the space provided below I do acknowledge that I have read completely and fully understand all aspects of this release form and agree to its terms in its entirety.

Print name of participant: _____

Signature: _____ Date: _____

Parental Approval for Children under the age of 18

Signature of parent or guardian: _____ Date: _____

Print name of parent or guardian: _____

Address of participant: _____

City: _____ State: _____ Zip: _____

Telephone: _____

Parents: By signing above you are giving permission for your child to be involved in the **Obstacle Course Activities**.