

**FIRST PRESBYTERIAN CHURCH OF CONROE**

**Form Title:** Release and Waiver of Liability Form for Adults, FPCC Form 05104

I, the undersigned, will be participating in \_\_\_\_\_  
(hereafter the "activity") at First Presbyterian Church of Conroe on or about \_\_\_\_\_ to  
\_\_\_\_\_, 20\_\_\_\_.

I recognize that there are risks involved in participating in this activity and hereby assume all risk of injury, harm, damage, or death in connection with my participation in this activity. I understand and agree that neither First Presbyterian Church of Conroe nor its trustees, officers, directors, employees, agents or representatives may be held liable in any way for any injury, harm, damage, or death that may occur to me as a result of my participation in this activity and hereby release First Presbyterian Church of Conroe, its trustees, officers, directors, employees, agents and representatives from any injury, harm, damage or death, which may occur while I am participating in the activity. To the fullest extent permitted by law, I agree to save and hold harmless First Presbyterian Church of Conroe, its trustees, officers, directors, employees, agents and representatives from any claim by myself, my estate, heirs, successors, assigns or other persons arising out of my participation in the activity.

I authorize First Presbyterian Church of Conroe through its trustees, officers, directors, employees, agents or representatives to render or obtain such emergency medical care or treatment for me as may be necessary should any injury, harm or accident occur to me while participating in this activity.

I understand and acknowledge that First Presbyterian Church of Conroe does not provide health or medical insurance in connection with the activity and I agree that I will be financially responsible for any bills incurred as a result of medical treatment, including emergency medical treatment and/or transportation to a medical facility, in connection with my participation in the activity.

Executed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

Witness: \_\_\_\_\_

Witness: \_\_\_\_\_