

**CHRIST THE KING COMMUNITY CHURCH (CTK)
ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM**

I HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING IN ANY/ALL ACTIVITIES ASSOCIATED WITH THIS EVENT, including by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained, or controlled by them, or because of their possible liability without fault.

I certify that I am physically fit, have sufficiently prepared or trained for participation in this activity, and have not been advised to not participate by a qualified medical professional. I certify that there are no health-related reasons or problems which preclude my participation in this activity.

I acknowledge that this Accident Waiver and Release of Liability Form will be used by the event holders, sponsors, and organizers of the activity in which I may participate, and that it will govern my actions and responsibilities at said activity.

In consideration of my application and permitting me to participate in this activity, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:

(A) I WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me including my traveling to and from this activity, THE FOLLOWING ENTITIES OR PERSONS: Christ the King Community Church, (CTK) and/or their directors, officers, employees, volunteers, representatives, and agents, and the activity holders, sponsors, and volunteers;

(B) INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in this activity, whether caused by the negligence of release or otherwise.

I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident, and/or illness during this activity.

I understand while participating in this activity, I may be photographed. I agree to allow my photo, video, or film likeness to be used for any legitimate purpose by the activity holders, producers, sponsors, organizers, and assigns.

The Accident Waiver and Release of Liability Form shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

COVID COMPLIANCE-

I will abide by all guidelines and procedures in place at the CTK Farm to keep everyone safe.

***I will not come to the farm if i have any symptoms of COVID- 19 or any other sickness**

***I will wash my hands every hour with soap and water**

***I will clean and sanitize tools once I have completed using them.**

***I will abide by social distancing requirements- 6ft+ away from each other**

***I will follow directions given to me by the Farm Shift Manager**

***I will only come to the farm to work when scheduled**

***I will supply and wear my own mask if asked to work inside an enclosed space like the greenhouse with another person.**

***If I choose to wear gloves, I will use plastic disposable gloves or my own cloth gloves and launder them in between each visit. Note: this does not replace the hourly handwashing requirement. (Cloth gloves available upon request while supplies are available- One per person)**

I CERTIFY THAT I HAVE READ THIS DOCUMENT AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.

Participant's Signature
(Please print legibly.)

Date

Participant's Name

Age

Parent/Guardian Signature

Date

(If under 18 years old, Parent or Guardian must also sign.)

Address

Phone

Email- Would you like to receive weekly work day emails? Circle one. YES NO