

# GRACE CHAPEL WAIVER OF LIABILITY

## 126 Airport Rd, Shamokin, Pa 17872

This agreement releases **Grace Independent Chapel** from all liability relating to injuries that may occur at our **2025 Survival Night**. By signing this agreement, I agree to hold Grace Independent Chapel entirely free from any liability, including financial responsibility for injuries incurred, regardless of whether injuries are caused by negligence.

I also acknowledge the risks involved in **Running through the woods in the dark**. These include but are not limited to sickness, bodily injury, death, emotional injury, personal injury, property damage, and financial damage. I swear that I am participating voluntarily, and that all risks have been made clear to me. Additionally, I do not have any conditions that will increase my likelihood of experiencing injuries while engaging in this activity.

By signing below I forfeit all right to bring a suit against **Grace Independent Chapel** for any reason. In return, I will receive **participation in our 2025 Survival Night**. I will also make every effort to obey safety precautions as listed as explained to me verbally. I will ask for clarification when needed.

I, \_\_\_\_\_, fully understand and agree to the above terms.  
Parent/guardian printed name

(Participant)

Date

\_\_\_\_\_

\_\_\_\_\_

(Parent/Guardian Signature)

Date

\_\_\_\_\_

\_\_\_\_\_

# **Grace Chapel**

## **ACTIVITY PARTICIPATION REGISTRATION**

Activity Information:

Name of Sponsoring Organization: Grace Chapel

Address: 126 Airport Rd, Shamokin PA 17872 Telephone: 570-648-0372

Name of Event: 2025 Survival Night

Description of Activity: Running Through the Woods in the Dark

Date of Event: November 1st, 2025 – 6:30 PM till 10PM

Participant information (to be completed by authorized guardian)

Name of Participant:\_\_\_\_\_

Name of parents/guardians:\_\_\_\_\_

Address:\_\_\_\_\_

Telephone:\_\_\_\_\_

Email Address:\_\_\_\_\_

Name of Emergency Contact:\_\_\_\_\_

Emergency Contact Telephone:\_\_\_\_\_

Allergies/Asthma:\_\_\_\_\_

Is Participant covered by personal/family medical insurance? \_\_\_\_yes \_\_\_\_no

Participation Agreement/Liability Waiver: \_\_\_\_completed