I, the undersigned, will be participating in the small group activity __________________ (hereafter the “group activity”) from the month of _____________, 20___ through the month of ______________, 20__.

I recognize that there are risks involved in participating in the group activity and hereby assume all risk of injury, harm, damage, or death in connection with my participation in it. I understand and agree that neither First Presbyterian Church of Arlington Heights (hereafter the “First Presbyterian Church”) 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 group activity and hereby release First Presbyterian Church, its trustees, officers, directors, employees, agents and representatives from any injury, harm, damage or death, which may occur while I am participating in the group activity. To the fullest extent permitted by law, I agree to save and hold harmless First Presbyterian Church, 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 group activity.

I authorize First Presbyterian Church 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 the group activity.

I understand and acknowledge that First Presbyterian Church does not provide health or medical insurance in connection with the group 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 group activity.

Executed this _____ day of ______________, 20__.

Signature ______________________________________________________

Printed Name __________________________________________________