

I, undersigned, will be participating in \_\_\_\_\_ (hereafter the "activity")  
at **Mount Auburn Church** on or about \_\_\_\_\_, 20\_\_\_\_  
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 **Mount Auburn 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 activity and hereby release **Mount Auburn 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 activity. To the fullest extent permitted by law, I agree to save and hold harmless **Mount Auburn 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 activity.

I authorize, **Mount Auburn 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 this activity.

**IF APPLICABLE:**

I understand and acknowledge that **Mount Auburn Church** 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: \_\_\_\_\_