

Central Georgia Vida Nueva

Short Release Form

Liability Release Form for Name of Participant _____

By attending Vida Nueva activities (the "Ministry"), you acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that you and your family may be exposed to or infected by COVID-19. You also acknowledge that the risk of becoming exposed to or infected by COVID-19 may result from the actions, omissions, or negligence of yourself and/or others, including, but not limited to, Ministry volunteers, members, and participants and their families. You agree to assume all the foregoing risks, waive liability against the Ministry and any other listed parties, and accept sole responsibility for any illness, injury, disability, or death to you or your family, including all claims that may arise resulting from any of these.

For Youth Participants:

Signature of Parent/Guardian **Date**
(If participant is under 18)
Printed Name of Parent Guardian _____

For Adult Participants:

Signature **Date**
