



Zen Buddhist Temple / Buddhist Society for Compassionate Wisdom

ACCIDENT WAIVER AND RELEASE OF LIABILITY

Check one: volunteer work visitor's program retreat other (specify) _____

Date of event _____

I HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING AND/ORVOLUNTEERING IN THIS ACTIVITY OR EVENT. I certify I am mentally and physically fit and have not been advised not to participate by a qualified medical professional. I certify that there are no health-related reasons or problems that preclude my participation at said activity or event.

In consideration of my application and permission to participate in this event, 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, or property theft ZEN BUDDHIST TEMPLE or the BUDDHIST SOCIETY FOR COMPASSIONATE WISDOM, and/or their directors, officers, employees, volunteers, representatives and agents;
- B) I INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the entities or persons mentioned in the above paragraph from any all liabilities or claims made as a result of participation in this activity or event, whether caused by the negligence of release or otherwise.

I acknowledge that ZEN BUDDHIST TEMPLE and the BUDDHIST SOCIETY FOR COMPASSIONATE WISDOM and their directors, officers, employees, volunteers, representatives and agents are NOT responsible for the errors, omissions, acts, or failures to act of any party or entity conducting a specific event or activity on behalf of ZEN BUDDHIST TEMPLE or the BUDDHIST SOCIETY FOR COMPASSIONATE WISDOM.

I acknowledge that this activity or event may involve a test of a person's physical and mental limits and may carry with it the potential for injury. The risks include, but are not limited to, those caused by facilities, equipment, physical activity and/or manual labor. These risks are inherent not only to participants, but are also present for volunteers.

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

I understand that at this event or related activities, I may be photographed. I agree to allow my photo, video or film likeness to be used for any legitimate purpose by the activity or event holders and organizers.

This accident waiver and release of liability shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

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.

_____	_____	_____	_____
Print Participant's Name	Age	Signature (if under 18 years old, Parent or Guardian must also sign)	Date

Physical, mental or dietary issues or limitations _____

Physician's name _____ phone number _____

Emergency contact daytime name _____ phone number _____

Emergency contact evening name _____ phone number _____