



**COPTIC YOUTH CENTER**  
**San Francisco Bay Area**  
**2500 Hansen Road, Hayward, California 94541**  
**Tel: (510) 750-1147 Fax: (510) 315-3153**

**GROUP RELEASE OF LIABILITY AND CONSENT TO RULES AND REGULATIONS**

It is understood that the Coptic Youth Center and St. Antonius Coptic Orthodox Church of Hayward, California is indemnified and held harmless for any injury or accident that may be sustained by any adult, child or tenant, while participating in any function or sport at the Coptic Youth Center and/or St. Antonius Coptic Orthodox Church and any excursion off the premises, as well as transportation to and from destination.

Name of Organization \_\_\_\_\_  
 Event: \_\_\_\_\_  
 Date and Duration of Event: \_\_\_\_\_  
 Address of Organization \_\_\_\_\_  
 \_\_\_\_\_  
 Phone Number of Organization \_\_\_\_\_  
 Contact Person \_\_\_\_\_  
 Contact Person Address \_\_\_\_\_  
 \_\_\_\_\_  
 Contact Person Phone Number \_\_\_\_\_  
 Contact Person Fax/E-mail \_\_\_\_\_

**Church Seal:**

Number of Expected Participants: Male \_\_\_\_\_ Female \_\_\_\_\_  
 Age and Grade Level (if applicable) \_\_\_\_\_  
 Number of Adult Leaders \_\_\_\_\_  
 Arrival Date and Time \_\_\_\_\_  
 Departure Date and Time \_\_\_\_\_

Our organization \_\_\_\_\_  
 also agrees to assume responsibility for damages to individuals and to the premises in full.

Signature of Responsible Party \_\_\_\_\_

Signature of Authorized Party \_\_\_\_\_  
 (Priest of Church)

I, the undersigned, attest that all minors have a permission slip from their guardian giving them permission to participate and that all parties in my group have signed a Release of Liability and Consent to Rules and Regulations. I also agree to assume responsibility for damages to individuals and to the premises in full. I am over the age of 18. I have received a copy of the Rules and Regulations governing the Coptic Youth Center (the "CYC Facility Rules and Regulations"). I have read and understand the CYC Rules. I understand that I can request a translation of the CYC Rules if needed. I agree to abide by the CYC Rules

Emergency Contact Person: \_\_\_\_\_ Home Tel #: \_\_\_\_\_

Relation: \_\_\_\_\_ Work Tel #: \_\_\_\_\_

Physician's name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Signature of responsible party: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

*\*THIS AGREEMENT IS VALID AND LEGALLY BINDING FROM \_\_\_\_\_ UNTIL \_\_\_\_\_. [ONE YEAR]*