



Waiver and Medical Release Agreement

Student Name _____ M F DOB ___/___/___

Address _____ City _____ Zip _____

Home Phone _____ Mom Cell _____ Dad Cell _____

Parent/Guardian Name _____ Email _____

Person(s) to be contacted in emergency: _____ Phone _____

Doctor's Name _____ Phone _____

Insurance Company _____ Policy/Group ID # _____

Insurance Co. Phone _____

Medical Information (if any) that Adult Supervision should know: _____

I, _____, the parent/guardian of _____, grant my permission for him/her to participate fully in one of the following events:

_____ Hereafter referred to as ("Activity/Event").

RELEASE: In consideration of participation in the Church's Activity, I agree, on behalf of the above named Child, his/her heirs and representative, to fully and forever release, Faithbridge United Methodist Church, its staff, officers, Elders and Trustees, volunteers, agents and employees (hereinafter collectively referred to as "Church") from any and all liability, claims, demands, damages, actions, or causes of action, whatsoever, belonging to my child or me arising out of or relating to the Activity, regardless of cause, even if such cause is the result of Church negligence or gross negligence. This release covers everything that happens from the time I leave my child at the Church until I pick them up at the Church or designated pick up location.

CONSENT: To the best of my knowledge, the above named child can fully participate in this Activity. I am aware of the risks and hazards connected with the Activity and I hereby elect to allow my child to voluntarily participate in said Activity, knowing that the Activity may be hazardous to my child. I voluntarily assume full responsibility for any risks of loss, property damage or personal injury that may be sustained by my child or any loss or damage to property owned by me or my child, as a result of my child being engaged in such Activity, regardless of who caused the incident.

HOLD HARMLESS: It is my express intent that this release and hold harmless agreement shall bind me, my heirs, assigns and personal representatives, and the members of my family and spouse (if any), and that it shall be deemed as a release, waiver, discharge and covenant not to sue the Church. I hereby further agree to defend and indemnify the Church for any claim asserted or action brought against the Church arising out of or relating to my child's participation in the Activity, including but not limited to the Church's attorneys' fees. I hereby further agree that this waiver of liability and hold harmless agreement shall be construed in accordance with the laws of the state of Texas.

MEDICAL COSTS: I understand and agree that the Church will not be responsible for any medical costs associated with any injury my child may sustain.

RULES AND REGULATIONS: My child and I further agree to become familiar with the rules and regulations of the Church concerning participant conduct and not to violate said rules of any directive or instruction made by the person or persons in charge of said Activity.

INSURANCE: I hereby acknowledge that my child has adequate health and accident insurance to cover any personal injury to my child that may be sustained during the Activity.

MEDICAL TREATMENT CONSENT: I hereby further authorize in advance any necessary medical treatment required by the above named child while in attendance at this Activity. I hereby give permission to the medical personnel to order injection and/or anesthesia and/or surgery for my child as named above. I further agree to assume responsibility for the costs of any specialized evacuation and of any medical care and acknowledge that these costs are the financial responsibility of the undersigned. I also acknowledge that I have/will notify the Church's staff of any special medical needs or information required by the above named child.

INFORMED AGREEMENT: I have reviewed this Agreement and am aware of the risks involved in participating in the Activity and the possible injuries that may occur. I freely and voluntarily agree to allow my child to voluntarily participate in the Activity. In signing this Agreement, I represent that I understand this Agreement and sign voluntarily as an act of my own free will. The Church has not made any oral representations, statements or inducements, apart from this Agreement. I am at least eighteen (18) years of age and fully competent to execute this Agreement. Also, I understand that all rules and regulations for the Activity will be enforced and any violation by my child may result in a collect call to me with a possible request to come and pick up my child.

Signature of Parent/Guardian

Date