

LIABILITY WAIVER

(Form must be notarized)

Name of Participant: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ (home) _____ (work)

Name of Church or Mission sending organization: _____

City and State of the organization: _____

It is my understanding that participating in a program, recreation and other activities of the above mentioned church or mission sending organization (hereinafter referred to as the "Organization") is a privilege. Prior to my participation in such activities, I acknowledge that there are certain risks associated with the activities, including, for example, physical injury due to activity-related accidents, physical injury due to transportation-related accidents, illness, or even death. In addition, I acknowledge that there may be other risks inherent in these activities of which I may not be presently aware.

Release of Liability

By signing this Liability Waiver Form, I expressly warrant that I am capable of withstanding both the physical and mental demands of the activities discussed above. I also expressly assume all risks of participating in the activities, whether such risks are known or unknown to me at this time. I further release the Organization and its ministers, leaders, employees, volunteers, and agents from any claim that I may have against them as a result of injury or illness incurred during the course of participation in the activities. This release of liability shall include, without limitation, any claims of negligence or breach of warranty. This release of liability is also intended to cover all claims that members of my family or estate, heirs, representatives, or assigns may have against the Organization or its ministers, leaders, employees, volunteers, or agents.

I further agree to indemnify and hold harmless the Organization and its ministers, leaders, employees, volunteers, or agents from any and all claims arising from my participation in its activities and programs, or as a result of injury or illness during such activities.

First Aid and Emergency Medical Treatment

I recognize that there may be occasions where I may be in need of first aid or emergency medical treatment as a result of an accident, illness, or other health condition or injury. I do hereby give permission for agents of the Organization to seek and secure any needed medical attention or treatment for me including hospitalization if in the agent's opinion such need arises. In doing so, I further agree to pay all fees and costs which arise from this action to obtain medical treatment.

I give permission for attending physician(s) and other medical personnel to administer any needed medical treatment, including surgery, and I agree to pay for the medical treatment.

Publicity

On occasion, the Organization takes photographs or makes audio or videotape recordings of children and/or adults involved in church activities. Such photographs or recordings may be used by staff and participants to remember the activities and participants. In addition, such photographs and recordings may be used in the Organization's publications or advertising materials to let others know about the ministry. In addition, local news organizations may hear of activities or events, and the Organization may invite or allow them to photograph or record the events for news reporting on

special interest features. I consent to the use of any such audio or visual record of me to be used, distributed, or displayed as agents of the organization see fit. This consent includes but is not limited to: photographs, videotape, and audio recordings. Furthermore, I give permission to be interviewed by the media, or for such photographs and other audio or visual records to be used by the media.

Health Insurance

Insurance Company: _____

Policy Number: _____

Phone Number: _____

Volunteer Agreement

As a volunteer, I hereby agree to each of the consents and waivers listed above, including the Release of Liability, as pertaining to my own participation in functions, activities, special events, and field trips.

Signature: _____ Date: _____

(Notary seal)

Notary Signature: _____

My Commission expires: _____

FOR USE ONLY IF THE PARTICIPANT IS A MINOR

Emergency Contacts:

Parent/Guardian: _____ Phone: _____

Parent/Guardian: _____ Phone: _____

I, _____, represent that I am the parent/guardian of _____, who is under 18 years of age. I have read the above Permission/Waiver Form and am fully familiar with the contents thereof.

I give permission for the child named above to participate in the activities of the Organization including any special events/activities described above. In consideration for allowing the participation of the child in the activities of the Organization, I hereby consent to the Permission/Waiver Form, including the Release of Liability above, on behalf of the child and agree that this Permission/Waiver Form shall be binding upon me, my family, heirs, legal representatives, successors, and assigns.

Signature of Parent or Legal Guardian

Date

Signature of Parent or Legal Guardian

Date

(Notary seal)

Notary Signature: _____

My Commission expires: _____