

ACTIVITY INFORMED CONSENT FORM AND RELEASE OF LIABILITY

Participant Name: _____

Has approval to participate in activities, outings, and events sponsored by Woodcrest Free Will Baptist Church from January 1, 2019 to December 31, 2021.

- Without Restriction
- With Restrictions as follows:

I understand that participation in activities, outings, and events involve a certain degree of risk and can be physically, mentally, and emotionally demanding. I have carefully considered the risk(s) involved and have given consent for myself and/or my child to participate in sponsored activities. I acknowledge and understand that Woodcrest Free Will Baptist Church may offer other activities during the time period covered by this release that present similar risk or dangers to my child. I consent to my child's participation in these activities. I understand that participation in any activity, outing, or event is entirely voluntary and requires participants to abide by any applicable rules and standards of conduct. I further understand that this release covers the period of time set out above and it is my obligation to completely and thoroughly inquire and understand risks and dangers of any sponsored activity attended by my child and to inform Woodcrest Free Will Baptist Church of any and all health considerations or medical conditions that would restrict my child's participation in any specific sponsored activity, outing, or event while in the care of Woodcrest Free Will Baptist Church.

I release Woodcrest Free Will Baptist Church, its members, employees, sponsors, or other individual attending the activity, outing, or event, from any and all claims or liability arising out of participation in the activity, outing, or event. Further, I personally assume, on my child's behalf, all risks in connection with activities for any harm, injury, or damages that may befall my child as a result of my child's participation in the activities, outings, and/or events, whether foreseen or unforeseen.

In consideration of my child being allowed to attend and participate in these sponsored activities, including use Woodcrest Free Will Baptist Church's equipment and facilities, on behalf of my child, I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless Woodcrest Free Will Baptist Church from any and all claims, demands, or causes of action, which are in any way connected with my child's participation or attendance at sponsored activities or in use of Woodcrest Free Will Baptist Church's equipment and facilities.

In case of emergency involving my child, I understand that every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to the medical provider selected by the adult leader in charge to secure any necessary and/or proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child. Medical providers are authorized to disclose to the adult in charge examination findings, test results, and treatment provided for purposes of medical examination of the participant, follow-up and communication with the participant's parent or guardian, and/or determination of the participant's ability to continue in program activities. I agree to pay for any and all medical expenses as a result of the use of this consent.

I, the undersigned, am the parent or legal guardian of the participant named above, born on _____. I certify and attest that I possess all the rights, powers, and privileges of a parent or legal guardian necessary to execute this document with binding legal effect. I acknowledge by signing this document that if anyone is hurt or property is damaged during my child's participation in any sponsored activity, I may be found by a court of law to have waived my right to maintain a lawsuit against Woodcrest Free Will Baptist Church on the basis of any claim waived herein. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions of the agreement remain in full force and effect.

Parent/Guardian printed name: _____

Parent/Guardian signature: _____

Parent/Guardian printed name: _____

Parent/Guardian signature: _____

Emergency Contact Number(s): _____

Health Insurance Provider: _____

Group No/ID #: _____

Claims Address: _____