**Waiver:** As part of the registration process, the parent/legal guardian who is registering the student must agree to a liability waiver which protects the church, the volunteers and staff. By signing this waiver you agree to the terms and conditions stated below. Be sure you take the time to read the waiver before agreeing.

## THE WAYMART CHURCH Middle School Overnighter 2019 PARTICIPATION AUTHORIZATION AND RELEASE

As parent/legal guardian, I hereby give permission for my child to participate in the **Middle School Overnighter 2019** (hereby referred to as the Event) sponsored by The Waymart Church during the days of February 1-2.

- 1. Although those leading the Event (including The Waymart Church Youth Leaders) will consider safety issues, I understand that there are inherent risks in attending the event, that my child's participation at Event may involve risk of harm or injury. Knowing the potential risks, I consent to my child's participation at the event and agree to assume the risk of injury, damage or death resulting from my child's participation. I consent to my child's participation in ALL activities.
- 2. In the event of injury or illness to my child while participating, I give permission for the person(s) leading the Event to use their best judgment to render assistance (e.g., first aid, CPR, etc.), and/or obtain medical attention/treatment, as may in their judgment be needed. I further give permission to the selected medical staff to render medical attention/treatment as they deem appropriate and necessary. I understand that The Waymart Church does not provide any kind of medical insurance for youth group students, and that covering the cost of any such medical attention/treatment is my sole responsibility.
- 3. I understand that, at all times, I am ultimately responsible for my child's conduct while participating at the Event. I agree that the Youth Leaders reserve the right to dismiss any camper whose behavior or attitude in the Youth leader's sole determination is disruptive to the event, and no refund will be given in such event. Further, in such event, I acknowledge I will be responsible to arrange prompt transportation from the event for my child. Finally, I understand that The Waymart Church does not provide liability or other insurance insuring me or my child against the results of any injury to persons or damage to property my child may cause.
- 4. Understanding all of the above, I hereby release and discharge The Waymart Church, its officers, directors, employees, agents, and volunteers (the "Church") from all liability arising out of or in connection with my child's participation from any cause other than the active negligence or willful misconduct of the Church, and do hereby indemnify the Church against any such released claim. For the purposes of this Event Authorization and Release, liability means all claims, demands, losses, causes of action, suits, or judgments of any and every kind that I, my child, my or my child's heirs, executors, administrators, assignees, or any other person or entity may have against the Church because of death, personal injury or illness, or because of any loss or damage to property, any of which results from any cause other than the active negligence or willful misconduct of the Church.

I acknowledge that I have read and understand the terms of this Event Participation Authorization and Release Form, am fully aware of the potential dangers incidental to my child's participation in the event, and am aware of the legal consequences of agreeing to this form by signing below.

I AGREE TO THE TERMS AND CONDITIONS AS STATED ABOVE

PRINT THE FULL NAME OF THE STUDENT	DATE
PRINT NAME OF PARENT OR LEGAL GUARDIAN	DATE
SIGNATURE OF PARENT OR LEGAL GUARDIAN	DATE

## THE WAYMART CHURCH STUDENT MINISTRY MEDICAL RELEASE FORM

## Student Information: (Please print in ink) Age Birthday Name: \_\_\_\_ Year in school □ Male □ Female Email Address \_\_\_\_\_ City \_\_\_\_ State \_\_\_\_ Zip \_\_\_\_ Phone \_\_\_\_\_ Parent Cell # 1 \_\_\_\_\_ Parent Cell # 2 \_\_\_\_\_ Medical insurance company \_\_\_\_\_\_ Policy # \_\_\_\_\_\_ Policy # Mother's name \_\_\_\_\_ Work \_\_\_\_\_ Work \_\_\_\_ Father's name \_\_\_\_\_\_ Work\_\_\_\_\_\_ Work\_\_\_\_\_ Emergency contact \_\_\_\_\_\_ Phone: Home \_\_\_\_\_ Work\_\_\_\_ Physician \_\_\_\_\_Office phone \_\_\_\_ Dentist Office phone **MEDICAL HISTORY** If necessary, describe in detail the nature and severity of any physical and/or psychological ailment, illness, propensity, weakness, limitation, handicap, disability, or condition to which your child is subject and of which the staff should be aware, and what, if any action of protection is required on account thereof. Submit this notification in writing and attach it to this form. Include names of medications and dosages that must be taken. Check the following areas of concern for this student. If necessary, add another page with details: 1. For your child's safety and our knowledge, is your student a good swimmer ☐ fair swimmer non-swimmer 2. Does your child have allergies to pollens ☐ medications ☐ food insect bites Please list all allergies: 3. Does your child suffer from, or has ever experienced, or is being treated currently for any of the following: □ asthma □ epilepsy / seizure disorder heart trouble □ diabetes frequently upset stomach physical handicap 4. Date of last tetanus shot: \_\_\_\_\_ 5. Does your child wear: contact lenses glasses 6. Please list any current medications: \_\_\_\_\_\_ dosage \_\_\_\_\_ frequency \_\_\_\_\_ \_\_\_\_\_dosage \_\_\_\_\_ frequency \_\_\_\_\_ dosage frequency

7. Should this child's activities be restricted for any reason? Please explain (use back if necessary):

## **PHOTO PERMISSION**

I, (Parent's Name), give permission to The Wayma	art Church of	
And it's staff to use photographs of(student's name), for	(student's name), for	
the purpose of promoting the Church, Events, and Ministries through brochures, websites, flyers, etc		
ACTIVITY PERMISSION		
has my permission to participate in all activ	ities in this	
event.  NAME OF STUDENT		
sponsored by THE WAYMART CHURCH.		
This consent form gives permission to seek whatever medical attention is deemed necessary, and releases the Church of any liability against personal losses of named child.	and its staff	
him/her to attend events being organized by the Church. I/We understand that there are inherent risks involved in any nathletic event, and I/we hereby release the Church, its pastors, employees, agents, and volunteer workers from any and any injury, loss, or damage to person or property that may occur during the course of my/our child's involvement. In the he/she is injured and requires the attention of a doctor, I/we consent to any reasonable medical treatment as deemed n licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by the Chuto hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such coracknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medical care reimbursed by the health insurance provider. Further, I/we affirm that the health insurance information provided above it this date and will, to the best of my/our knowledge, still be in force for the student named above. I/we also agree to bring child home at my/our own expense should they become ill or if deemed necessary by the student ministries staff members.	I all liability for event that ecessary by a rch, I/we agree asent. I/We also not be a accurate at g my/our	
Parent/guardian signature: Date:		
IF POSSIBLE PLEASE ATTACH A COPY OF YOUR INSURANCE CARD  Other pertinent information:		