

## Activity/Trip Release, Waiver, Indemnity and Assumption of Risk Agreement

We at Emmanuel Faith Community Church and Mission Hills Church ("EFCC / MHC") request that all participants read and sign this Release, Waiver, Indemnity and Assumption of Risk Agreement to indicate that they have accepted all risks personally when participating in sporting activities, music department outings, mission trips, and youth outings sponsored by EFCC/MHC, including travel to these activities (collectively "Participation"). We strongly encourage anyone without medial insurance coverage not to expose themselves and/or EFCC/MHC to the financial ramifications of possible injury from Participation.

The undersigned agrees as follows:

I fully understand and acknowledge that there are risks and dangers associated with Participation which could result in property or bodily injury, partial and/or total disability, paralysis and death. These risks and dangers may be caused by my action, inaction or negligence or that of other third parties, including the Released Parties, as described below. There may also be other risks and dangers which are unknown or not reasonably foreseeable at this time.

I accept and assume the risk and responsibility for any loses and/or damages for any such injury, disability, paralysis or death, however caused and whether caused in whole or in part by the negligence of the Released Parties.

I hereby release, waive, discharge and agree not to initiate any form of legal action against EFCC/MHC, its pastors, elders, officers, agents, employees and volunteers (collectively "Released Parties") for any and all rights, claims, liabilities, lawsuits, damages, and expenses, including attorneys' fees, of any kind, known or unknown, existing or arising in the future, including those arising from negligent conduct of the Released Parties ("Claims and Damages") which I have or may have in the future against Released Parties resulting from or related to my Participation.

I further agree to indemnify and hold the Released Parties harmless against any Claims and Damages arising out of or in any way connected with my Participation.

**MY SIGNATURE BELOW INDICATES THAT I HAVE READ THIS ENTIRE DOCUMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT IT AFFECTS MY LEGAL RIGHTS, AND AGREE TO BE BOUND BY ITS TERMS.**

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
SIGNATURE of Participant

\_\_\_\_\_  
DATE

Emergency contact person & phone #: \_\_\_\_\_

### **PARENT OR GUARDIAN'S ADDITIONAL INDEMNIFICATION** (Must be completed by legal guardian for **participants under the age of 18**)

In consideration of \_\_\_\_\_ (print minor's name) ("Minor") being permitted by EFCC/ MHC to participate in this activity, I acknowledge that I have read and understand the attached Activity/Trip Release, Waiver, Indemnity and Assumption of Risk Form, agree to be bound by its terms, and further agree to indemnify and hold Released Parties harmless from any and all Claims and Damages which are brought by, or on behalf of Minor, and which are in any way connected with such Participation by Minor. If I can not accompany the Minor in this event, I authorize Ministry staff persons(s) in charge of this activity/tip/camp to **accompany and take full responsibility** for the minor.

Parent or Guardian: \_\_\_\_\_ Print Name: \_\_\_\_\_

Person responsible for minor: \_\_\_\_\_ Print Name: \_\_\_\_\_

\*Digital pictures and videos are taken during activities. These pictures and/or videos may be used by Emmanuel Faith Community Church. Participants and parent (if under 18) must sign and date to authorize digital pictures or video of to be used by EFCC. Pictures will not include participants name or any other form of identification.  
I authorize digital pictures and/or video of me to be used by Emmanuel Faith Community Church:

Participant signature \_\_\_\_\_ Date \_\_\_\_\_

I authorize digital pictures and/or video of my child to be used by EFCC:

\*Parent's signature \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE COMPLETE MEDICAL RELEASE ON THE OTHER SIDE AND ATTACH PROOF OF MEDICAL INSURANCE COVERAGE**