

# THIS FORM MUST BE FILLED OUT COMPLETELY

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

We at Emmanuel Faith Community Church (EFCC) 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, including travel to these activities (collectively "Participation"). We strongly encourage anyone without medical insurance coverage not to expose themselves and EFCC 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 losses 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, 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 OF PARTICIPANT

\_\_\_\_\_  
SIGNATURE OF PARTICIPANT OR PARENT/GUARDIAN IF PARTICIPANT IS UNDER 18

\_\_\_\_/\_\_\_\_/\_\_\_\_  
DATE

### 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) being permitted by EFCC 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 cannot accompany the Minor in this event, I authorize **the EFCC Faith Kids (EFCC Children's Ministry) staff person(s), or their representatives, in charge of this activity/trip/camp to accompany and take full responsibility** for the minor.

Parent or Guardian signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

**\*Digital pictures and videos are taken during student activities. These pictures and/or videos may be used on the Emmanuel Faith Community Church Faith Kids (Children's Ministry) web pages, in printed church publications (examples: newsletters, worship folder, etc.), and/or in on screen/video/web site/Facebook ministry reports, etc. Student and parent (if under 18) must sign and date to authorize digital pictures or video of students to be used in these EFCC communications vehicles. Pictures will not include student's name or any other form of identification (unless specifically requested for items like newsletter articles).**

I authorize digital pictures and/or video of my child to be included on the EFCC web site or in other communications pieces:

\*Parent/Guardian signature \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**OVER**

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**Camper registration is not finished until both the EFCC required forms are completed and returned with a copy of health insurance card to the Faith Kids office.**

**6<sup>th</sup> Grade Winter Camp Registration**

Camper's Name \_\_\_\_\_ Circle: Boy Girl

Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_

**CABIN PARTNERS** \_\_\_\_\_

**Emmanuel Faith Community Church Children's Ministry Medical Release Form**

Parents/Guardians living with child \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

**Email** \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

**If parent/or legal guardian is not available in case of emergency, please contact:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ or Cell Phone (\_\_\_\_) \_\_\_\_\_

**Your registration is not complete until all of the medical information (below) is filled out:**

Primary Doctor \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Medical Insurance Company \_\_\_\_\_

Policy # \_\_\_\_\_ Insurance Company's Phone (\_\_\_\_) \_\_\_\_\_

**Please include a copy of your insurance card with this release**

Allergies: \_\_\_\_\_

Special Needs: \_\_\_\_\_

Medication Allergies: \_\_\_\_\_

Do we have permission to give your child (circle): Tylenol/Ibuprofen? Yes No Dimetapp? Yes No

**BRIEF MEDICAL HISTORY AND/OR SPECIFIC INSTRUCTIONS OR INFORMATION TO PHYSICIAN OR NURSE concerning any specific physical or mental condition or medications they should be aware of.**

Any restrictions? \_\_\_\_\_

I (we), the parents/guardians of the aforementioned student, do hereby authorize Emmanuel Faith Community Church (EFCC) as agents for the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis treatment and hospital care which is deemed advisable by and is to be rendered under the general or specific supervision of any physician or surgeon licensed under the provision of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at office of said physician or hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power on the part of aforesaid agents to give specific consent to any and all such diagnosis or treatment deemed advisable. This authorization shall remain effective unless revoked by you.

I, the undersigned, being the parent/guardian of the aforementioned, have read and understand the above. I will keep you updated on any changes on child's release form.

\_\_\_\_\_  
Signature of parent or guardian if participant is under 18

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(Date)