



2024/25 WAIVER & RELEASE

Name: _____ Date of Birth: _____

Grade entering 2024: _____ Age: _____

Address: _____ City: _____ ST: _____ ZIP: _____

Emergency Contact: _____ Relationship To Student: _____

Phone Numbers: Home: _____ Work: _____ Mobile: _____ Other: _____

Parent/Guardian Email: _____

Medical and Insurance Information

Generally, student's health is: (Check One) Excellent _____ Good _____ Fair _____ Poor _____

If Fair or Poor, please explain: _____

List any medical difficulties which are currently being treated: _____

List any medicines or substances to which you are allergic: _____

List any medications you are currently taking: _____

List any special diet or special needs): _____ Date of Tetanus Immunization: _____

By signing below, I verify that I am/my child is up to date on immunizations or exempt for reasons of moral conscience.

Family Physician: _____ Phone: _____

Insurance Co. : _____ Customer Service Phone: _____

Policy Holder: _____ ID# or Contract#: _____ Group# or Plan#: _____

In consideration of student's ability to participate in the event(s), I, the undersigned Participant, (or, if Participant is a minor, I, the undersigned Parent/Guardian): _____

_____ **A. Permission For Medical Treatment:** Hereby grant my permission for any church staffer or adult sponsor, or adult present or in charge of First Aid, to obtain necessary medical attention in case of sickness or injury to student, including transporting student to a medical facility and sharing the above information with medical personnel, and further hereby give permission for medical personnel to administer medical care to student, as necessary.

_____ **B. Acknowledgement and Permission:** Hereby acknowledge that any activity involves the potential for contact with someone other than youth staff (church volunteers, church members, etc.). I further acknowledge that if student is attending with:

1. Recreation Event Activities that those may include but are not limited to 1) initiative games, high and low

challenge courses, outdoor education, paintball, aquatics (including beach activities where applicable) , 2) climbing or descending unpredictable and possibly slick or uneven terrain, 3) activities leading to elevated heart and respiratory rates, 4) traveling long distances in remote settings, 5) carrying weight on your back and shoulders, 6) encountering unforeseen forces of nature and weather, 7) experiencing uncomfortable group dynamics.

2. Mission Event Activities that those may include but are not limited to 1) travel hazards, 2) being a distance from medical care, 3) experiencing uncomfortable group dynamics.

3. Construction Activities, that those may include but are not limited to 1) painting, installing doors, installing windows, building porches, constructing wheelchair ramps, conducting cleanup activities, scraping paint and removing debris from the work site, climbing ladders, nailing nails, scraping paint, carrying heavy building supplies and serving each day in sometimes extreme summer temperatures, 2) travel to and from each worksite.

_____ **C. Photograph/Video Acknowledgement and Permission:** Acknowledge that there may be photographs taken or videotaping during normal event activities, and I hereby grant my permission for such photographs/videos to be taken and to be used in promotional materials.

_____ **D. COVID-19:** I acknowledge it is my responsibility to ensure that myself and/or the minor listed above engage in all safety measures required by the Centers for Disease Control (CDC) and applicable local ordinances or state law concerning COVID-19. In addition, if at any time I believe that conditions are unsafe or that the minor listed above is unable to participate due to physical or medical conditions, then I will immediately discontinue their participation. I understand that despite diligent hygiene measures and compliance with the law, there is no guarantee that infectious transmission will not occur.

_____ **E. Release and Indemnity:** Acknowledge and agree that I release and forever hold harmless Clayton Baptist Church, the venue, church, project and event sponsors, members, trustees, pastors, elders, directors, officers, employees, agents, contractors and affiliates (collectively, the "Released Parties") from any and all claims or demands for personal injury, sickness, and death, as well as property damage and expenses, of any nature whatsoever, incurred by me or my minor child while participating in or employed by this project or the events and/or while on property leased or owned by the Release Parties. I further assume full personal responsibility for any loss of or damage to property to the extent caused by me or my minor child. I also assume full personal responsibility for all medical bills for me or my minor child. I agree to indemnify the Released Parties from any and all claims and demands for personal injury or death as well as property damage and expenses of any nature whatsoever arising out of the willful or negligent actions or omissions of me or my minor child. I further hereby assume responsibility for all transportation costs related to my or my minor child's dismissal from the project and/or event, as applicable.

_____ **F. Understanding:** Represent and acknowledge that (1) I have completely read and understand this document and all its terms and all matters referred to herein, and my signature below is my voluntary, free act and deed, (2) I have had ample opportunity to obtain the advice of counsel, (3) by signing this document, I understand that I am relinquishing legal rights and remedies that may have otherwise been available to me, (4) I understand that the above Releases shall be construed as broadly and inclusively as is permitted by applicable law and agree that if any portion of this document is held invalid, the remaining shall continue in full force and effect, (5) to the extent any restriction on filing lawsuits is deemed unlawful, I agree to submit any claims to Christian conciliation/mediation organization for binding resolution, and (6) a copy of this form as signed shall be treated as authentic and binding as the original, and a copy of same may be provided to venue.

COMPLETE AND SIGN BELOW

(Consent by a parent or guardian is required for those under the age of 18

Signature: _____ Date: _____

(Parent/Guardian if Participant is a minor)