

Mount Pisgah Church's Children Ministry

Basic Information

Participant: _____ Date of Birth: _____
Shirt Size: _____

Address (Mailing & Street): _____

City/State/Zip: _____

Parent/Guardian Name[s]: _____

Cell Phone Number: _____ E-mail: _____

Emergency Contact (*Someone not living at the residence stated above but is a Relative/Neighbor/Friend*):

Name: _____ Phone: _____ Relation: _____

Participant's
Physician/Address/Phone: _____

Medical Information

Are there any allergies (food or medications) we should be aware of? Yes No If yes, please explain:

Are there any medical conditions we should be aware of?
Yes No If yes, please explain:

Does your child take any prescribed medications on a regular basis?

Yes No If yes, please list medication/dosage/frequency

Family Insurance Information

Company Name: _____

Policy Number: _____

Policy Holder: _____ Policy Holder Date of Birth _____

**RELEASE OF CLAIMS AND WAIVER OF RIGHTS
MT. PISGAH UNITED METHODIST CHURCH**

FOR USE IF PARTICIPANT IS A MINOR

I represent that I am the parent/legal guardian of _____, who is under 18 years of age ("my child"). I hereby give permission for my child to participate in the various programs, events, and activities of Mt. Pisgah United Methodist Church (the "Church"), both on Church premises and elsewhere.

In consideration of the opportunity of my child to participate in the various programs, events, and activities of the Church ("Activities"), I hereby freely, voluntarily, and without influence from anyone or duress of any kind, release the Church, its officers, directors, leadership, agents, employees, and volunteers (collectively "Church Affiliates") from any and all liability of any kind whatsoever for loss, harm, injury, or illness to my child arising from Activities on or off the premises of the Church or resulting from travel to or from Activities of the Church.

ASSUMPTION OF RISK. I understand that Activities of the Church may be hazardous to my child. These Activities include, but are not limited to, the following: camps, mission trips/ projects, recreational activities, team sports, social activities, special events, field trips, and/or other physical activity to be performed in connection with Activities of the Church. I willingly allow my child to engage in all such Activities, and I knowingly assume on behalf of my child the risks of loss, harm, injury, and illness and all other risks associated with Activities of the Church, including any loss, harm, injury, or illness caused by the negligence, fault, or misconduct of any kind on the part of any Church Affiliates. Additionally, I acknowledge there may be other risks inherent in these Activities of which I may not presently be aware.

RELEASE AND WAIVER. I, ON BEHALF OF MYSELF AND MY CHILD, HEREBY RELEASE, WAIVE AND FOREVER DISCHARGE ANY AND ALL LIABILITY, CLAIMS, AND DEMANDS OF WHATEVER KIND OR NATURE, WHETHER IN LAW, EQUITY, OR OTHERWISE, AGAINST THE CHURCH AND CHURCH AFFILIATES (AS DEFINED ABOVE), TO THE FULLEST EXTENT PERMISSIBLE BY LAW. THIS RELEASE AND WAIVER INCLUDES BUT IS NOT LIMITED TO CLAIMS RELATING TO NEGLIGENCE OR FAULT OF ANY KIND ON THE PART OF THE CHURCH OR CHURCH AFFILIATES. THIS RELEASE AND WAIVER INCLUDES (WITHOUT LIMITATION) ANY CLAIM FOR DAMAGES RELATING TO DEATH, BODILY OR PERSONAL INJURY, ILLNESS, ECONOMIC LOSS OR OUT OF POCKET EXPENSES, LOSS OR DAMAGE TO PROPERTY, AND OTHER DAMAGES WHICH MY CHILD (OR HEIRS, ASSIGNEES, NEXT OF KIN AND/OR LEGALLY APPOINTED OR DESIGNATED REPRESENTATIVES OF MY CHILD) MAY HAVE OR WHICH MAY HEREAFTER ACCRUE ON MY CHILD'S BEHALF, WHICH ARISE OR MAY HEREAFTER ARISE FROM MY CHILD'S ATTENDANCE AT, PERFORMANCE OF, AND/OR PARTICIPATION IN ACTIVITIES OF THE CHURCH.

EFFECTIVE DURATION. I understand and agree that this release and waiver will apply to and govern my child's participation in any and all activities, programs, and/or events associated with or offered by the Church or in which the Church participates. I understand and agree that this release and waiver shall remain in effect until revoked in writing by me.

MEDICAL TREATMENT. I hereby grant permission to the Church and Church Affiliates to render preventative or first-aid assistance and to seek any treatment or medical care that they deem to be reasonably necessary, including hospitalization, for the health and well-being of my child. I hereby release and forever discharge the Church and Church Affiliates from any claim whatsoever which arises or may hereafter arise on account of any first-aid, treatment, or medical care rendered to my child in connection with Activities of the Church. I understand and agree that I will be financially responsible for any such care provided to my child. Additionally, I understand that it is my responsibility to update with the Church my child's medical and insurance information as soon as changes occur.

_____ Printed Name of Parent / Legal
Guardian

_____ Signature of Parent / Legal
Guardian

_____ Date