

SYLVANIA CHURCH WAIVER AND RELEASE FORM

Name: _____ Social Security #: _____ Birthdate: ____/____/____
Age: _____ Sex: Male Female Address: _____
City: _____ State: _____ Zip: _____ Parent/Guardian: _____
Home Phone: (____) _____ Work/Cell Phone: (____) _____ Email: _____

Please check which one(s) best describes the attendee: Student Adult

Consideration. I acknowledge the personal benefits accruing to me (and my child, as applicable) by reason of participation in the above described event and am aware of the activities in which I, or my child, will be involved through said participation.

Release / Indemnification. I hereby, in consideration of such benefits and other good and valuable consideration received, consent to the above listed participation and release absolutely, forever discharge, hold harmless and covenant not to sue Sylvania Church, its employees, agents, volunteers and affiliates ("Sylvania Church") from any and all present or future liability, claims, demands, actions, or rights of action, whether asserted by me or a third party arising out of my (or my child's) participation in event activities (the "Claims") **between the dates of January 1, 2011 and July 31, 2013**. I agree to indemnify Sylvania Church for any such Claims brought by me or a third party from any costs associated with defending or litigating such claims, including but not limited to attorney fees, costs and legal expenses.

Assumption of Risk. I am aware of the risks associated with participation in the above event and do hereby voluntarily assume full responsibility for any risk of loss, property damage or personal injury, including death, that may result from participation in event activities, whether caused by Sylvania Church's negligence or otherwise. These risks may include, but are not limited to, the hazards of being in a construction type setting, travel by automobile or shuttle service, public condos, hotels, cabins, or campsites, the risks involved in leading/participating in recreation games, and those existing because of the content of these programs.

Medical Emergency. In the event of injury or a medical emergency, I understand that the church's group leader, not Sylvania Church, will be responsible for the medical care of all attendees. It will be the church group leader's responsibility to assess medical needs, obtain and consent to appropriate medical care, transport persons in need of medical care and contact parents or guardians of minors. I release Sylvania Church from any and all liability related to medical treatment. In addition, I assume the risk and financial responsibility for any injury resulting from the attendee's participation in all Sylvania Church events.

Understanding. I represent and acknowledge that I have completely read and understand this document and all its terms, that I have had an ample opportunity to obtain the advice of counsel and that, by signing this document, I understand that I am relinquishing legal rights and remedies that may have otherwise been available to me. I understand that this Waiver and Release 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. To the extent the restriction on filing lawsuits is deemed unlawful, I agree to submit any Claims to a Christian conciliation/mediation organization for binding resolution.

Media Consent. I give my consent and permission for the taking of photographs and/or video of me (or my child) during the described event and waive and/or assign any and all rights (including copyright) in such media to Sylvania Church. Sylvania Church, as the sole owner of such media, shall have the exclusive right to control and determine the use, display, performance, reproduction and dissemination of any such photographs and/or videos.

BEFORE SIGNING, READ CAREFULLY THIS GENERAL RELEASE AND INDEMNIFICATION OF CLAIMS.

Please check, which applies:

Parent/Guardian Attendee over 19 years of age

Signature: _____

If you are a Parent/Guardian of an attendee who is under 19 years of age, please include the following.

Your Name: _____

Relationship to Attendee: _____

Contact Number: _____

SYLVANIA CHURCH MEDICAL RELEASE FORM

Name: _____ Social Security #: _____	
Birthdate: ___/___/___ Age: ___ Sex (M/F): _____	
Address: _____	
City: _____ State: _____ Zip: _____	
Parent/Guardian: _____	
Home Phone:() _____ Work Phone:() _____	
Secondary contact to notify in event of emergency: _____	
Their relationship to you: _____ Their phone:() _____	
<i>Please supply ALL of the following information <u>AND</u> attach a copy of your insurance card.</i>	
Medical Insurance Co.: _____ Group# _____ Policy#: _____	
Company's address: _____ Company's Phone:() _____	
City: _____ State: _____ Zip: _____	
Family Physician's Name: _____ Phone:() _____	

Physical Limitations (Asthma, diabetes, allergies, etc.), and/or special instructions
(Allergic to certain meds, rare blood type, wears contact lenses, etc.):

List ALL medication taken on a regular basis and/or any brought with you on this trip.
(Prescription meds MUST have a pharmacy label and name of doctor):

List all operations/serious injuries and dates within the past five (5) years:

The Health History is correct so far as I know, and the person herein described has permission to engage in all prescribed activities except as noted.

Emergency Authorization - I hereby give permission to medical personnel selected by Sylvania Church's sponsor/his designee to order X-rays, routine tests, and treatment for myself during every Sylvania Church event I attend **between the dates of January 1, 2011 and July 31, 2013**. In the event of an emergency and neither my primary contact nor secondary can be reached, I hereby give permission to the physician selected by the Authorized Agent to hospitalize, secure proper treatment, order injections and/or anesthesia and/or surgery to myself as named above.

I further authorize the release of the above medical information to appropriate medical personnel and/or the health coverage insurance company. In addition, I have, and do hereby, release its employees or agents from liability associated with participation in a church activity.

I understand that if I do not have medical insurance, I, as the parent or guardian, will be responsible for any medical expenses in the event of a sickness and/or injury. I understand that there are risks involved in taking place in service, recreation, and other activities related to participation in youth functions.

Signature of Parent/Guardian Date