

RELEASE AND WAIVER OF LIABILITY

This Release and Waiver of Liability executed by the Participant and the Parent/Legal Guardian of the participant, in favor of Bethel Baptist Church . The Participant and Parent /Legal Guardian hereby freely, voluntarily, and without duress executes this Release under the following terms:

1. Release and Waiver. Participant and Parent/Legal Guardian do hereby release and forever discharge and hold harmless Bethel Baptist Church and its successors and assigns from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from the Participant’s activities with Bethel Baptist Church. Participant and Parent/Legal Guardian understand that this Release discharges Bethel Baptist Church from any liability or claim that the Participant and Parent/Legal Guardian may have against Bethel Baptist Church with respect to any bodily injury, personal injury, illness, death, or property damage that may result from the Participant’s activities with Bethel Baptist Church, whether caused by the negligence of Bethel Baptist Church or its officers, or sponsors. Participant and Parent/Legal Guardian also understand that Bethel Baptist Church does not assume any responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health, or disability insurance in the event of injury or illness.

2. Medical Treatment. Participant and Parent/Legal Guardian do hereby release and forever discharge Bethel Baptist Church from any claim whatsoever which arises or may hereafter arise on account of any first aid, treatment, or service rendered in connection with the Participant’s activities with Bethel Baptist Church or, in the case of a minor child, with the decision by any representative of Bethel Baptist Church to exercise the power to consent to medical or dental treatment as such power may be granted and authorized in the Parental Authorization for Treatment of a Minor Child.

3. Insurance. The Participant and Parent/Legal Guardian understand that Bethel Baptist Church does not carry or maintain health, medical, or disability insurance coverage for any Participant. Each Participant is expected and encouraged to be covered by his or her own medical or health insurance.

IN WITNESS WHEREOF, Participant (and Guardian) has executed this Release as January 1st through December 31st of the year written below. This Release is binding for the CALENDAR YEAR of 2019 for any and all activities that the Participant engages in with the Bethel Baptist Church.

Participant: _____ Date: _____

Parent/Legal Guardian: _____ Date: _____
(For participants under 18)

PARENTAL AUTHORIZATION FOR TREATMENT OF A MINOR CHILD

I, _____ (parent/legal guardian), am the parent or legal guardian having custody of _____ (child) a minor child. As such parent or legal guardian, I hereby authorize and appoint the Bethel Baptist Church, in whose care the above named minor child has been entrusted, as my agent to act for me with respect to my above named minor child for the calendar year 2019, and in my name in any way I could act in person to make any and all decisions for me with respect to the above named minor child, concerning my minor child’s personal care, medical treatment, hospitalization and health care, and to require, withhold, or withdraw any type of medical treatment or procedure, including X-ray examination, anesthetic, medical or surgical diagnoses or treatment which may be rendered to my minor child under the general or special supervision and on the advice of any physician or surgeon licensed to practice in the state in which treatment is sought. My agent shall have the same access to my minor child’s medical records that I have, including the right to disclose the contents to others.

Parent/Guardian: _____ Parent/Guardian: _____

PRESS RELEASE

Occasionally, Bethel Baptist Church will take photographs and/or video of participants. These images will be used for promotional purposes including but not limited to brochures, posters, and web page advertisements.

Allow images of my child to be taken for advertisement purposes _____ YES _____ NO
Allow my child’s name to be used in conjunction with images _____ YES _____ NO

EMERGENCY CONTACT INFORMATION

Participant’s Full Name _____

Allergies (medicine, food, etc.) _____ List any medication being taken _____

Release to give over the counter medications if necessary:

Tylenol Yes No Ibuprofen Yes No
Benadryl Yes No Anti-Diarrheal Yes No Other _____

Participant’s physician _____ Address _____ City _____

Physician’s Phone Number _____

Insurance Carrier: _____ Phone number _____ Policy number _____

IN CASE OF EMERGENCY, CONTACT:

Name _____ Relationship to participant _____

Address _____ City _____ State _____ Zip Code _____

Phone: Home _____ Cell _____ Email: _____

Name _____ Relationship to participant _____

Address _____ City _____ State _____ Zip Code _____

Phone: Home _____ Cell _____ Email: _____