

**ASSUMPTION OF RISK, RELEASE OF LIABILITY**

**and WAIVER OF CLAIMS**

**INDEMNITY AGREEMENT and PARENTAL CONSENT**

**PLEASE READ CAREFULLY**

**BY SIGNING THIS FORM YOU MAY GIVE UP CERTAIN LEGAL RIGHTS**

***CONSENT OF PARENT/GUARDIAN IS REQUIRED FOR PARTICIPANTS WHO ARE NOT 18 OR OLDER***

***TO: WESTVIEW BAPTIST CHURCH SOCIETY***

***RE: YOUTH or CHILDREN’S MINISTRIES Program Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

**Please print carefully**

***NAME OF PARTICIPANT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ M*** *or* ***F \_\_\_\_\_\_\_\_\_***

***NAMES OF PARENTS****:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

***ADDRESS OF PARTICIPANT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***POSTAL CODE****:* ***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***EMAIL ADDRESS FOR PARENTS****: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

By providing your email address you agree to receive email correspondence from Westview Baptist Church. You may unsubscribe at any time.

***BIRTH DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_******HEALTH CARE NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***FAMILY DOCTOR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***EMERGENCY CONTACT PERSON:*** ***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***RELATIONSHIP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_PHONE NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***HEALTH CONCERNS*** *(Please identify any allergies, health problems, medications, or other health concerns)* ***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***DISCLAIMER***

*The WESTVIEW BAPTIST CHURCH SOCIETY and its leaders, directors, officers, employees, contractors, agents, volunteers, members and representatives (collectively referred to as WESTVIEW BAPTIST CHURCH SOCIETY), are not responsible for any injury, loss or damage of any kind whatsoever sustained by any person or their property while participating in events, activities or travel with the WESTVIEW BAPTIST CHURCH SOCIETY and all related activities associated with the WESTVIEW BAPTIST CHURCH SOCIETY, including injury, loss or damage.*

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***ASSUMPTION OF RISKS***

*IN CONSIDERATION OF the WESTVIEW BAPTIST CHURCH SOCIETY allowing me or my child to participate in events, activities, or travel with the WESTVIEW BAPTIST CHURCH SOCIETY and all related activities associated with the WESTVIEW BAPTIST CHURCH SOCIETY, including participation in the Youth or Children’s Ministries from July 1, through to June 30 inclusive, and all activities related to the Youth or Children’s Ministries (collectively referred to as the “Activities”), I acknowledge that I am aware of the possible RISKS, DANGERS AND HAZARDS associated with participation in the Activities including the possible* ***risk of severe or fatal injury*** *to myself or others.*

*These risks include but are not limited to the following:*

* *The risks associated with traveling to and from the Activities by means of private or public transportation, which may include but are not limited to a motor vehicle accident resulting in physical injuries or death.*
* *The possibility of personal injury incurred while using private or public transportation for travel to and from the Activities, including being knocked down or being involved in a physical confrontation whether caused by myself or someone else.*
* *Medical problems arising before, during or after the Activities.*
* *Failure to follow the instructions or directions of the persons in charge of the Activities.*

*I, for myself or my child, voluntarily accept and fully assume all such risks, dangers and hazards and the possibility of personal injury, death, partial or permanent disability, property damage or loss resulting from my or my child’s participation in the Activities.*

***RELEASE OF LIABILITY and AGREEMENT***

*IN CONSIDERATION OF the WESTVIEW BAPTIST CHURCH SOCIETY allowing me or my child to participate in the Activities, I agree on behalf of myself and/or my child:*

***1.******TO ASSUME and ACCEPT ALL RISKS*** *arising out of, associated with or related to my or my child’s participation in the Activities.*

***2****.* ***TO WAIVE and RELEASE the WESTVIEW BAPTIST CHURCH SOCIETY*** *from any and all liability for any loss, damage, injury or expense that I or my child may suffer, or that my next of kin may suffer as a result of my or my child’s participation in the Activities due to any cause whatsoever.*

***3. TO INDEMNIFY and HOLD HARMLESS the WESTIVEW BAPTIST CHURCH*** *from any and all liability for any damage to the personal property of, or personal injury to, any third party resulting from my or my child’s participation in the Activities.*

***4. TO INDEMNIFY and HOLD HARMLESS the WESTVIEW BAPTIST CHURCH SOCIETY*** *from any and all claims, demands, actions and costs for any loss, injury, damage or expense whatsoever that might arise out of me or my child’s participation in the Activities.*

***5****.* ***TO AUTHORIZE WESTVIEW BAPTIST CHURCH SOCIETY*** *to take and display photos of my or my child's participating in regular church related activities.*

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***CHILD / YOUTH PARTICIPATION CONSENT***

***Acknowledgement of Participant:***

*I, the undersigned Participant, understand that I am responsible to act in a safe and responsible fashion, to follow the instructions or directions of the persons in charge of the Youth or Children’s Ministries, and to obey requests to comply with safety regulations as directed by the persons in charge of the Youth or Children’s Ministries, including designated leaders and drivers of private or public transportation. I will be solely responsible for myself, will wear a seat-belt when available and will not disturb or distract the driver when using private or public transportation to travel to and from Youth or Children’s Ministries activities. At all Youth or Children’s Ministries sports events or other activities, I acknowledge that it is my responsibility to obtain and wear appropriate safety equipment. I will not endanger the safety of myself or others at any activities, outings or sports events of the Youth or Children’s Ministries or when using private or public transportation for travel to and from such activities.*

***Acknowledgement of Parent or Guardian of Participant:***

*We, the undersigned Parents or Guardians of the Participant, hereby authorize and consent to the Participant’s involvement in Youth or Children’s Ministries, including any use of private or public transportation deemed necessary be the persons in charge of the Youth or Children’s Ministries for Participant travel to and from Youth or Children’s Ministries activities, or to the NEAREST SUITABLE MEDICAL or HOSPITAL FACILITY in the event that emergency or other medical treatment not available at the site of a Youth or Children’s Ministries activity is deemed advisable.*

*We hereby consent to and authorize such emergency or other medical treatment of the Participant as may be deemed advisable in the event of accident, injury, or illness during the activities of the Youth or Children’s Ministries.*

***ACKNOWLEDGEMENT and SIGNATURE***

***I UNDERSTAND THAT THIS IS A LEGAL AGREEMENT*** *that is binding upon myself and my heirs, executors, administrators, successors and assigns.* ***I HAVE READ AND UNDERSTAND THE TERMS OF THIS AGREEMENT*** *and* ***I ACKNOWLEDGE THAT*** *by signing this agreement voluntarily, I am to abide by its terms and I am waiving certain legal rights that I or my child may have.*

***This Consent, Authorization and Acknowledgement shall be effective from and including July 1, 2020, up to and including June 30, 2021.***

***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***Signature of Participant Signature of Parent or Guardian***

***(if over 18 years)* (if Participant is under 18 years of age*)***

***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***Witness Signature of Participant******Witness Signature of Parent or Guardian***

***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***Witness - Print name******Witness -******Print Name***

***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***Date******Date***

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