

NEW BEGINNINGS UNITED METHODIST CHURCH

WAIVER/RELEASE/ MEDICAL AUTHORIZATION FORM

**THIS DOCUMENT AFFECTS YOUR LEGAL RIGHTS.
YOU NEED TO READ ALL OF IT CAREFULLY.**

1. PARTICIPANT'S NAMES: _____
2. IF PARTICIPANT IS UNDER THE AGE OF 18; NAME OF PARENT OR AUTHORIZED INDIVIDUAL: _____

I, the above PARTICIPANTS being above the age of 18, or the PARENT of the above PARTICIPANT, who is under the age of 18 or the authorized individual for a group, agree as follows:

By signing this form I agree for my child or children to participate within the New Beginnings United Methodist Church Youth Ministry Program. By signing this form and agreeing that my child or children may participate in the New Beginnings Methodist Church Youth Program I hereby authorize and consent to the following:

To my child/children traveling to and from all church sponsored activities; with the understanding that my child or children may be riding in a church vehicle or traveling with a parent or other supervising adult.

To my child/children not only attending but fully participating in the church sponsored activities.

I am aware of the risks, hazards, and dangers of personal injury, death and disability in allowing my child/children to participate in church sponsored activities; as well as allowing to be transported to and from said activities and those risks, hazards and dangers of personal injury, death and disability inherent in participation in any activity or event. I also understand that these risks, hazards and dangers will be further increased if other individuals are using the premises in an activity at or near the church sponsored activity or if the church hires or brings in any type of game, entertainment, or recreational type devices. If any personal injury, sickness, death or disability occurs then the undersigned parent of the Participant will be responsible.

I acknowledge that my child/children's presence and any participation in activities at any church sponsored activity is strictly voluntary and no one is forcing me or my child/ children to be present or to participate in any activities at the church or at any church sponsored activity.

I hereby agree to release and forever discharge **NEW BEGINNINGS UNITED METHODIST CHURCH** and its agents, servants, employees, officers, directors, trustees, volunteers and all other persons or entities acting on their behalf (the "Covered Parties"), from any and all claims, actions, damages, liability, costs or expenses and attorneys' fees which are related to, arise out of, or are in any way connected to my child/children's participation in any church sponsored activity or use of the CHURCH facilities (either in the use of equipment or property supplied by "**NEW BEGINNINGS UNITED METHODIST CHURCH** ", whether or not such claims, actions, damages, liability, costs or expenses are caused by the negligence of "**NEW BEGINNINGS UNITED METHODIST CHURCH**" or any other Covered Parties. By signing this Agreement, it is my intention to, and I do hereby, surrender and waive any rights to sue or exercise any legal right to seek damages from "**NEW BEGINNINGS UNITED METHODIST CHURCH**" and/or any other Covered Party.

I agree to indemnify, hold harmless and defend "**NEW BEGINNINGS UNITED METHODIST CHURCH**" and any other Covered Party from any and all claims, actions, damages, liability, costs or expenses and attorney fees of any spectator, other participant or third party in connection with or arising out of the presence of my child/children and/or involvement or participation in any activity at the Church or at any Church sponsored activity.

I give consent and permission to “NEW BEGININGS UNITED METHODIST CHURCH” or a Covered Party to obtain on the behalf of myself or my minor child/children any emergency medical attention and treatment in case of sickness, accident or injury and to secure such medical attention and treatment at my sole expense.

This agreement shall be effective and binding upon my heirs, agents, personal representatives and assigns.

I HEREBY CERTIFY THAT I AM OVER THE AGE OF 18. I HAVE CAREFULLY READ THE FOREGOING AND ACKNOWLEDGE THAT I UNDERSTAND AND AGREE TO ALL OF THE ABOVE TERMS AND CONDITIONS I HAVE READ AND UNDERSTAND THIS AGREEMENT. PRIOR TO SIGNING THIS AGREEMENT I HAVE HAD THE OPPORTUNITY TO ASK ANY QUESTIONS ABOUT THE CHURCH SPONSERED ACTIVITY AND/OR THIS AGREEMENT. I AM AWARE THAT BY SIGNING THIS AGREEMENT, I ASSUME ALL RISKS AND WAIVE AND RELEASE ALL CERTAIN AND SUBSTANTIAL RIGHTS THAT I, MY HEIRS, NEXT OF KIN, FAMILY, RELATIVES, GUARDIANS, EXECUTORS, ADMINISTRATORS, TRUSTEES AND ASSIGNS MAY HAVE OR POSSESS AGAINST THE NEW BEGININGS UNITED METHODIST CHURCH OR ANY OTHER COVERED PARTY.

Participant’s Name: _____ Date of Birth: _____

Participant’s or Parent’s Driver’s License Number: _____ State: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone Number: _____ Parent Name or Emergency Contact: _____

Emergency Phone Numbers: _____ Cell - Work - Home - Other
_____ Cell - Work - Home - Other

PLEASE NOTE ANY INFORMATION THAT NEW BEGININGS UNITED METHODIST CHURCH SHOULD BE AWARE OF

List all and any medication child/children are taking

Participant’s Signature: _____ Date: _____

Parent or Guardian, if under 18: _____ Date: _____

Acknowledged/witnessed by: _____ Date: _____

STATE OF SOUTH CAROLINA) ACKNOWLEDGEMENT
COUNTY OF SPARTANBURG) S.C. Code 30-5-30
(Effective January 1, 1995)

I, _____, a Notary Public for the State of South Carolina, do hereby certify that _____, who personally appeared before me this day and acknowledged the due execution of the foregoing instrument.

SWORN to before me this _____ day of _____ 20

_____ (SEAL)

Notary Public for South Carolina
My commission expires: