

version: 1.0  
group: Athletic Department  
reference: Participant Liability and Agreement Forms



# Fort Mill Church of God

## Athletic Department



### Participant Liability And Agreement Forms

Revised: July 2009



# Medical Release and Liability Form

Name of Participant \_\_\_\_\_

Name of Legal Guardian (if participant under 18) \_\_\_\_\_

Address: \_\_\_\_\_

Primary Phone (\_\_\_\_) \_\_\_\_\_ Secondary Phone (\_\_\_\_) \_\_\_\_\_

Age \_\_\_\_\_ Birthday \_\_\_\_\_ Email \_\_\_\_\_

## Functions and Activities

I understand that participating in recreation and other activities of the Fort Mill Church of God (hereafter, "Church") is a privilege. I fully understand and acknowledge that participating in Church activities may have hazards, dangers, and other risks to bodily health, not limited to, the following: sports activities, dehydration, transportation issues, inflatable game activities, exposure to illness, theft or loss of personal belongings, loud music, and crowded areas. I understand that the risks and dangers inherent in these activities may be caused by the negligence of the participant in the activity, the negligence of others, accidents, breaches of contract, forces of nature, human hostilities, or other causes, and knowingly accept those risks. I acknowledge that there may be other risks in participation in these activities of which I may not be aware of.

## Release of Liability

By signing this medical release and liability form, I expressly warrant that this child named above or I, if I am a participant, am capable of withstanding both the physical and mental demands of these activities. I also expressly assume all risks to the child or me participating in the activities. I also expressly assume all risks to the child or me participating in the activities, whether such risks are known or unknown to me at this time. I further release the Church and its ministers, leaders, employees, volunteers, and agents from any claim that my child or I may have against them as a result of injury or illness incurred during the course of participation in these activities. This release of liability is also intended to cover all claims that members of my child or my family or estate, heirs, representatives or assigns may have against the church or its ministers, leaders, employees, volunteers, or agents. I further agree to indemnify and hold harmless the church and its ministers, leaders, employees, volunteers, or agents from any and all claims arising from my participation in its activities and programs, or as a result of injury or illness of my child during such activities.

Name of Participant \_\_\_\_\_

Signature of Participant (or Guardian if under 18) \_\_\_\_\_ Date \_\_\_\_\_



### **First Aid and Emergency Medical Treatment**

I recognize that there may be occasions where the child named above or I, if I am a participant, may be in need of first aid or emergency medical treatment as a result of an accident, illness, or other health condition or injury. I do hereby give permission for the agents of the Church to seek and secure any needed medical attention or treatment for the child named above or me, if I am a participant, including hospitalization, if in the agent's opinion such need arises. I agree to pay all fees and costs arising from this action to obtain medical treatment. I give permission for attending physician(s) and other medical personnel to administer any needed medical treatment, including surgery and, again, I agree to pay for the medical treatment.

Name of Participant \_\_\_\_\_

Signature of Participant (or guardian if under 18) \_\_\_\_\_ Date \_\_\_\_\_

### **For Use If The Participant Is a Minor**

I represent that I am the parent/guardian of the child listed above, who is under 18 years of age. I have read the above Permission and Waiver Form and am fully familiar with the contents thereof. I give permission for the child named above to participate in the activities of the Church, including any special events/activities described above. I hereby consent to the Medical Release and Liability Form, on behalf of the child, and agree that this Medical Release and Liability Form shall be binding upon me and my estate. I realize that if my child breaks the covenant, he or she is subject to be sent home. I understand that my child, or me if I am a participant, will be subjected to prayer and biblical teachings; I also allow for pictures to be taken of my child, or me if I am a participant, for us in publicity of the Church.

Signature of Parent of Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

Print Name of Parent of Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

Witness Signature \_\_\_\_\_ Date \_\_\_\_\_



# Disciplinary and Agreement Form

Along with the ministers, leaders, employees, volunteers, or agents and other students, I agree to conduct myself in a Christian manner. I promise to respect God, respect myself, respect other people, and respect property. I understand that by signing this form, this agreement holds me responsible to these things and the consequences thereof. I understand that all activities are voluntary and I agree to participate in the activities of the Church that are set forth; to cooperate with ministers, leaders, employees, volunteers, or agents of the Church. By signing this form, I understand that action will be taken and I, if a minor, am subject to be sent home and parent/guardian contacted. If an adult, I will not be allowed to participate in church athletics this season I partake in any of the following activities: possession of illegal drugs, non-prescribed medication, alcohol or tobacco products, possession of weapons, disrespect for authority, destruction of property or any other activity that ministers, leaders, employees, volunteers, or agents deem as inappropriate. I agree to strive to make each activity/trip/retreat the best it can be!

Name of Participant \_\_\_\_\_

Signature of Participant \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Guardian (*if participant under 18*) \_\_\_\_\_ Date: \_\_\_\_\_