

Lake Arlington Baptist Church

Release, Consent, Hold Harmless, Waiver & Medical Release Agreement

Participant's Name: _____ Grade: _____

Address: _____ City: _____ State: _____ Zip: _____

Cell Phone: _____ Email: _____ Birthdate: _____

EVENT: For all on campus events and activities OFF-CAMPUS EVENT(S): _____

ACTIVITIES RELATED TO THIS EVENT INCLUDE but may not be limited to: _____

RELEASE

In consideration of participation in the Church's Activity, I agree, on behalf of the above named Participant, his/her heirs and representative, to fully and forever release, Lake Arlington Baptist Church, its officers, volunteers, agents and employees (hereinafter collectively referred to as "Church") from any and all liability, claims, demands, damages, actions, of causes of action, whatsoever arising out of a or related to belonging to participant or me, related to the Activity, including travel to and from church activities, regardless of cause. This release covers everything that happens from the time I leave participant at the Church until I pick participant up at the Church.

CONSENT

To the best of my knowledge, the above named participant can fully participate in this Activity. I am aware of risks and hazards connected with the Activity and the participant hereby elects to voluntarily participate in said Activity, knowing that the Activity may be hazardous to the participant. I voluntarily assume full responsibility for any risks of loss, property damage or personal injury that may be sustained by participant or any loss or damage to property owned by me or participant, as a result of being engaged in such an Activity, regardless of who caused the incident. I assume full responsibility for any damage caused by participant to property and/or equipment owned or leased by Lake Arlington Baptist Church during any of the aforementioned activities and understand I will be responsible for replacement of same.

HOLD HARMLESS

It is my express intent that this release and hold harmless agreement shall bind the members of my family and spouse (if any), if I am alive, and my heirs assigns and personal representatives, if I am not alive, shall be deemed as a release, waiver, discharge and covenant not to sue the Church. I hereby further agree that this waiver of liability and hold harmless agreement shall be construed in accordance with the laws of the state of Texas.

MEDICAL COSTS

I understand that the Church will not be responsible for any medical and dental costs associated with any injury the participant may sustain.

RULES AND REGULATIONS

The participant and I further agree to become familiar with the rules and regulations of the Church concerning participant conduct and not to violate said rules of any directive or instruction made by the person or persons in charge of said Activity.

INSURANCE

The undersigned further represents by the signing of this agreement that the subject participant has adequate health, disability and life insurance and further acknowledges that Lake Arlington does not provide health, disability or life insurance for the subject participant. The Church urges you to obtain adequate health and accident insurance to cover any personal injury to participant that may be sustained during the Activity.

MEDICAL TREATMENT CONSENT

I HEREBY FURTHER AUTHORIZE IN ADVANCE ANY NECESSARY MEDICAL TREATMENT REQUIRED BY THE ABOVE NAMED CHILD WHILE IN ATTENDANCE AT THIS ACTIVITY. I HEREBY GIVE PERMISSION TO THE MEDICAL PERSONNEL TO ORDER INJECTION AND/OR ANESTHESIA AND/OR SURGERY FOR THE PARTICIPANT AS NAMED ABOVE. I FUTHER AGREE TO ASSUME RESPONSIBILITY FOR THE COSTS OF ANY SPECIALIZED EVACUATION AND OF ANY MEDICAL CARE AND ACKNOWLEDGE THAT THESE COSTS ARE THE FINANCIAL RESPONSIBILITY OF THE UNDERSIGNED. I ALSO ACKNOWLEDGE THAT I HAVE/WILL NOTIFY THE CHURCH’S PERSONNEL OF ANY SPECIAL MEDICAL NEEDS OR INFORMATION REQUIRED BY THE ABOVE NAMED CHILD.

PHOTOGRAPHY

The undersigned further agrees that Lake Arlington Baptist Church has permission to take and use photographs and videos of participant for promotional purposes.

INFORMED AGREEMENT

I have reviewed this Agreement and am aware of the risks involved in participating in the Activity and the possible injuries that may occur. The participant freely and voluntarily agrees to participate in the Activity. In signing this release, I represent that I understand this Agreement and sign voluntarily as an act of my own free will. The Church has not made any oral representations, statements or inducements, apart from this Agreement. I am at least eighteen (18) years of age, have legal guardianship of participant and am fully competent to execute this Agreement. Also, I understand that all rules and regulations for the Activity will be enforced and any violation by participant may result in a call to me with a possible request to come and pick up participant.

Signature of Participant (if over 18) Date

Signature of Parent or Legal Guardian (if under 18) Date

EMERGENCY CONTACT INFORMATION (for under 18 please list parents first)

Emergency Contact: _____ Relationship: _____ Cell: _____

Emergency Contact: _____ Relationship: _____ Cell: _____

Emergency Contact: _____ Relationship: _____ Cell: _____

HEALTH INSURANCE

Company: _____ Phone Number: _____

Name on Policy: _____

Group Number: _____ Policy Number: _____

Address: _____

Allergies :(if NONE please specify) _____