

PLEASE PRINT, READ AND COMPLETE THIS FORM AND TURN IN TO THE  
YOUTH MINISTRY AT BUFORD FIRST UNITED METHODIST CHURCH  
WAIVER, RELEASE AND INDEMNIFICATION AGREEMENT

I wish for my child to participate in activities made available to participants of the Youth Ministries at Buford First United Methodist Church, including but not limited to such activities as swimming, rollerblading, skateboarding, rafting, hiking, skiing, snowboarding and/or other activities that may be hazardous or otherwise involve a risk of physical injury or death to participants (the "Activities"). I understand that this agreement also pertains to transportation provided by Buford First United Methodist and its representatives to and from such activities.

I expressly assume any and all risks of injury or death arising from or relating to the Activities and waive and release any and all actions, claims, suits or demands of any kind or nature whatsoever against Buford First United Methodist Church, its corporate affiliates, contractors, vendors, officers, agents, sponsors, volunteers or representatives of any kind (collectively "Releasees") arising from or relating in any way to my child's voluntary participation in the Activities.

I understand that this Waiver, Release and Indemnification Agreement means, among other things, that if my child is injured or dies as a result of his/her participation in any of the Activities, I and/or my family or heirs cannot under any circumstances sue Releasees or any of them for damages relating to or caused by my child's injuries or death.

I agree to indemnify Releasees or any of them, and their subrogees, if any, in the event of any loss, damage or claim arising from or relating in any way to my child's participation in any of the Activities. I understand and agree that my child would not have been permitted to participate in any of the Activities had I not executed this Waiver, Release and Indemnification Agreement.

In event of an emergency, I hereby authorize a leader of this activity, as an agent for me, to consent to: any x-ray examination; medical, dental or surgical diagnosis; treatments; or hospital care advised and supervised by a physician, surgeon or dentist (as appropriate) licensed to practice under the laws of the state where services are rendered, either at a doctor's office or in a hospital. I expect that my family will be contacted as soon as possible.

I have read this Waiver, Release and Indemnification Agreement, have asked and received answers to any questions I had concerning its meaning, and execute it freely, without duress, and in full and complete understanding of its legal effect, and of the fact that it may affect my legal rights.

I AM THE PARENT OR LEGAL GUARDIAN of the youth whose name appears below. I have read and understand this Waiver, Release and Indemnification Agreement, and consent on behalf of the Participant to its terms.

Youth's Name (please print): \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: \_\_\_\_\_

Grade: \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Phone # \_\_\_\_\_

Print Name: \_\_\_\_\_ Parent email: \_\_\_\_\_

Emergency Information (if above named person is not available. Please print):

Person to Notify: \_\_\_\_\_ Emergency Phone # \_\_\_\_\_

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

Street City/State Zip: \_\_\_\_\_

Medical Info we should know (Allergies, Medications, etc.):

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Insurance Company Name \_\_\_\_\_ Policy # \_\_\_\_\_

Group # \_\_\_\_\_ Insurance Company Phone # \_\_\_\_\_

PHOTO RELEASE: I give Buford First United Methodist Church permission to use photographs taken of my child during events sponsored by the Church for promotional purposes, understanding that no personal information will be divulged about my child.

Parent Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_