

**Waiver:** As part of the registration process, the parent/legal guardian who is registering the student must agree to a liability waiver which protects the church, the volunteers and staff. By signing this waiver you agree to the terms and conditions stated below. Be sure you take the time to read the waiver before agreeing.

**THE WAYMART CHURCH Summer 2019 James Project Missions Trip  
PARTICIPATION AUTHORIZATION AND RELEASE**

As parent/legal guardian, I hereby give permission for my child to participate in the **Summer 2019 James Project Missions Trip** (hereby referred to as the Event) sponsored by The Waymart Church during the days of **July 27<sup>th</sup> - August 2nd, 2019**.

1. Although those leading the Event (including The Waymart Church Youth Leaders) will consider safety issues, I understand that there are inherent risks in attending the event, that my child's participation at the Event may involve risk of harm or injury. Knowing the potential risks, I consent to my child's participation at the event and agree to assume the risk of injury, damage or death resulting from my child's participation. I consent to my child's participation in ALL activities.

2. In the event of injury or illness to my child while participating, I give permission for the person(s) leading the Event to use their best judgment to render assistance (e.g., first aid, CPR, etc.), and/or obtain medical attention/treatment, as may in their judgment be needed. I further give permission to the selected medical staff to render medical attention/treatment as they deem appropriate and necessary. I understand that The Waymart Church does not provide any kind of medical insurance for youth group students, and that covering the cost of any such medical attention/treatment is my sole responsibility.

3. I understand that, at all times, I am ultimately responsible for my child's conduct while participating at the Event. I agree that the Youth Leaders reserve the right to dismiss any student whose behavior or attitude in the Youth leader's sole determination is disruptive to the event, and no refund will be given in such event. Further, in such event, I acknowledge I will be responsible to arrange prompt transportation from the event for my child. Finally, I understand that The Waymart Church does not provide liability or other insurance insuring me or my child against the results of any injury to persons or damage to property my child may cause.

4. Understanding all of the above, I hereby release and discharge The Waymart Church, its officers, directors, employees, agents, and volunteers (the "Church") from all liability arising out of or in connection with my child's participation from any cause other than the active negligence or willful misconduct of the Church, and do hereby indemnify the Church against any such released claim. For the purposes of this Event Authorization and Release, liability means all claims, demands, losses, causes of action, suits, or judgments of any and every kind that I, my child, my or my child's heirs, executors, administrators, assignees, or any other person or entity may have against the Church because of death, personal injury or illness, or because of any loss or damage to property, any of which results from any cause other than the active negligence or willful misconduct of the Church.

I acknowledge that I have read and understand the terms of this Event Participation Authorization and Release Form, am fully aware of the potential dangers incidental to my child's participation in the event, and am aware of the legal consequences of agreeing to this form by signing below.

I AGREE TO THE TERMS AND CONDITIONS AS STATED ABOVE

PRINT THE FULL NAME OF THE STUDENT

DATE

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PRINT NAME OF PARENT OR LEGAL GUARDIAN

DATE

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SIGNATURE OF PARENT OR LEGAL GUARDIAN

DATE

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**PHOTO PERMISSION**

I give full rights to The Waymart Church and its staff to use photos and video images of me or my child to use for promotional purposes of The Waymart Church only. Photos and video will be used in brochures, websites, advertisements, and other promotional material created by the church. Photos may appear with or without names in press releases and other print advertising.

Parent's Printed Name \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

**ACTIVITY PERMISSION**

\_\_\_\_\_ (Student Name) has my permission to participate in all activities in this event sponsored by THE WAYMART CHURCH.

This consent form gives permission to seek whatever medical attention is deemed necessary, and releases the Church and its staff of any liability against personal losses of named child.

I/We the undersigned have legal custody of the student named above, a minor, and have given our consent for him/her to attend events being organized by the Church. I/We understand that there are inherent risks involved in any ministry or athletic event, and I/we hereby release the Church, its pastors, employees, agents, and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my/our child's involvement. In the event that he/she is injured and requires the attention of a doctor, I/we consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by the Church, I/we agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I/We also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Further, I/we affirm that the health insurance information provided above is accurate at this date and will, to the best of my/our knowledge, still be in force for the student named above. I/we also agree to bring my/our child home at my/our own expense should they become ill or if deemed necessary by the student ministries staff member.

Parent/guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

**IF POSSIBLE PLEASE ATTACH A COPY OF YOUR INSURANCE CARD**

**Other pertinent information:**

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