



Calvary Baptist Church Student Ministry

## Waiver and Release of Liability Form

Effective August 2017 – AUGUST 2018

I, \_\_\_\_\_ (parent/Guardian if minor), acknowledge that I am aware of and have investigated to the extent all dangers and risks inherent in the activities of Amplify Student Ministries including the risk of serious bodily injury or death. I believe that I am (or the participant named above, if minor, is) healthy and physically able to participate safely in these activities. I agree to indemnify and hold harmless, Calvary Baptist Church and its officers, agents, servants, volunteers, or employees from any liability arising from participation in the activity listed above. It is further acknowledged that any Calvary Baptist Church activity may involve transportation in a personal vehicle, van or a bus and that transportation is considered part of the activity itself and is thus covered under this agreement. The terms of this release form shall be construed as the entire agreement and may not be altered, amended, or modified except in writing and signed by both parties.

**Participant or Parent/Guardian Initials** \_\_\_\_\_

I/we the undersigned, (if minor, parents/guardian) hereby grant permission and authority to Calvary Baptist Church, and its officers, agents, servants, volunteers, or employees to act for us in executing verbal instructions or if unable to contact us, to act for us in dealing with physicians, available ambulance companies and hospitals, to obtain, prompt medical attention for the participant named above in the event of any perceived medical emergency. I hereby covenant and agree to release Calvary Baptist Church, it's leaders, employees, agents, volunteers and/or officers and hold harmless from liability for any injury or damage sustained while participating in the activity listed above, or participating in any activity sponsored by Calvary Baptist Church and from any liability connected with obtaining prompt medical attention for the named above. It is further understood that I will be responsible for the costs of all medical services obtained pursuant to this authorization.

**Participant or Parent/Guardian Initials** \_\_\_\_\_

In connection with participation in any activity with Calvary Baptist Church, I/we understand, (if minor, parents/guardian) hereby grant to Calvary Baptist Church, its successors and those under its authority the right to use participant's first name, image and/or interviews in all forms of media including advertising and related promotion. I/we grant this right without compensation and release to Calvary Baptist Church, its successors and those acting under its authority from any claim that may arise regarding such use, including claims of defamation, invasion of privacy, or infringement of rights of publicity or copyright.

**Participant or Parent/Guardian Initials** \_\_\_\_\_

I/we the undersigned (if minor, parents/guardian) hereby confirm that the participant listed above has health insurance coverage that is effective as of the date of the activity listed above.

**Participant or Parent/guardian Initials** \_\_\_\_\_

I/we the undersigned (if minor, parents/guardian) hereby confirm that either: The participant listed above is covered by a life insurance and a disability insurance policy that is effective as of the date of the activity listed above - **OR** -The participant listed above does not have a life insurance and/or disability insurance policy. I/we understand that we personally will bear the risk of injury, disability or death that is associated with participation in the activity listed above and will indemnify and hold harmless Calvary Baptist Church as acknowledged above.

**Participant or parent/guardian Initials** \_\_\_\_\_

Calvary Baptist Church is not responsible for loss or theft of personal belongings.

**Participant or parent/guardian Initials** \_\_\_\_\_

Misconduct may result in transportation home from an activity at parent's expense. A student dismissed for disciplinary reason will not receive a refund of the activity fee.

**Participant or parent/guardian Initials** \_\_\_\_\_

*If under the age of 18, the parent or guardian must read and initial each section and sign below, indicating his/her acceptance. This agreement covers all Youth Ministry activities, retreats and missions trips for one year from the date signed below.*

**Child's Name (print)** \_\_\_\_\_

**Parent/Guardian Name (print)** \_\_\_\_\_

**Parent/Guardian Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guardian Phone #** \_\_\_\_\_

**Address** \_\_\_\_\_

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**In Case of an Emergency**

**Emergency Contact** \_\_\_\_\_

**Phone #** \_\_\_\_\_

**Physician** \_\_\_\_\_

**Phone #** \_\_\_\_\_

**Allergies/Additional Info.** \_\_\_\_\_

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