

Poolesville Baptist Church

Single Activity Waiver

Name of Child (please print) _____ Date of Birth _____

Parent(s) and/or legal guardian(s) of child participant _____

Home Phone _____ Parent's Cell _____

Activity: _____ Activity Date & Time: _____

Functions and Activities

It is my understanding that participating in the above mentioned activity of POOLESVILLE BAPTIST CHURCH is a privilege. Prior to my participation in such activities, I acknowledge that there are certain risks associated with the activity, including, by way of example, physical injury due to activity-related accidents, accidental injury, or even death. In addition, I acknowledge that there may be other risks inherent in these activities of which I may not be presently aware.

Release of Liability

By signing this Permission/Waiver Form, I expressly warrant that the child named above is capable of withstanding both the physical and mental demands of the activities discussed above. I also expressly assume all risks of the child participating in the activities, whether such risks are known or unknown to me at this time. I further release POOLESVILLE BAPTIST CHURCH and its ministers, leaders, employees, volunteers, and agents from any claim that my child may have or that I may have against them as a result of injury or illness incurred during the course of participation in the activities. This release of liability shall exclude any gross claims of negligence. This release of liability is also intended to cover all claims that members of the child's or my family or estate, heirs, representatives, or assigns may have against POOLESVILLE BAPTIST CHURCH or its ministers, leaders, employees, volunteers, or agents. I further agree to indemnify and hold harmless POOLESVILLE BAPTIST 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.

First Aid and Emergency Medical Treatment

I recognize that there may be occasions where the child named above 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 agents of POOLESVILLE BAPTIST CHURCH to seek and secure any needed medical attention or treatment for the child named above, including hospitalization, if in the agent's opinion such need arises. In doing so 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.

Photo/Video Release

I understand and authorize that my child's image may be photographed or filmed and used in video presentations, printed publications, and the Poolesville Baptist Church internet website.

Signature of Parent or Legal Guardian _____ Date _____