

YOUTH GROUP WAIVER & PARENTAL CONSENT FORM EMERGENCY MEDICAL RELEASE & LIABILITY WAIVER

Participant's Name _____ Birth Date _____

School Currently Attending _____ Grade _____

Address _____ City _____ Zip Code _____

Participant's Home Phone # _____ Participant's Cell Phone # _____

Participant's E-Mail _____ Family E-Mail _____

Emergency Information

Mother's Name _____ Home # _____ Cell/Alternate # _____

Father's Name _____ Home # _____ Cell/Alternate # _____

In an emergency when parent/guardian cannot be reached, please contact the following:

Name _____ Relationship _____

Home# _____ Cell#/Alternate # _____

Name _____ Relationship _____

Home# _____ Cell#/Alternate # _____

HEALTH CONCERNS *such as allergies (including foods), health problems, medications, or other health concerns:*

Family Physician _____ Phone # _____

Dental Provider _____ Phone # _____

Medical/Hospital Insurance Company _____ Grp # _____

Policy Holder's Name _____ Policy # _____

Additional Information that May Be Helpful _____

This authorization for Emergency Medical Treatment must be completed before participant can participate in any activities. Treatment for injury will be based on information provided herein.



DISCLAIMER: Foundations Church, Williamsburg, VA and its leaders, directors, officers, employees, contractors, agents, volunteers, members and representatives (collectively referred to as "FCW Personnel"), are not responsible for any injury, loss or damage of any kind whatsoever sustained by any person or their property while participating in events, activities or travel with FCW Personnel and all related activities associated with the FCW, including injury, loss or damage.

ASSUMPTION OF RISKS: IN CONSIDERATION OF FCW allowing me or my child to participate in events, activities, or travel with FCW and all related activities associated with the FCW, and FCW Personnel, including participation in the FCW Youth Group, and all activities related to the FCW Youth Group (collectively referred to as the "Activities"), I acknowledge that I am aware of the possible Risks, Dangers and Hazards associated with participation in the Activities including the possible risk of severe or fatal injury to myself or others.

RELEASE OF LIABILITY and AGREEMENT:

IN CONSIDERATION OF FCW allowing me or my child to participate in the Activities, I agree on behalf of myself and/or my child:

1. **TO ASSUME and ACCEPT ALL RISKS** arising out of, associated with or related to my or my child's participation in the Activities.
2. **TO WAIVE and RELEASE FCW and FCW Personnel** from any and all liability for any loss, damage, injury or expense that I or my child may suffer, or that my next of kin may suffer as a result of my or my child's participation in the activities due to any cause whatsoever.
3. **TO INDEMNIFY and HOLD HARMLESS FCW and FCW Personnel** from any and all liability for any damage to the personal property of, or personal injury to, any third party resulting from my or my child's participation in the activities.
4. **TO INDEMNIFY and HOLD HARMLESS FCW and FCW Personnel** from any and all claims, demands, actions and costs for any loss, injury, damage or expense whatsoever that might arise out of my or my child's participation in the Activities.

YOUTH PARTICIPATION CONSENT:

Acknowledgment of Participant: I, the undersigned Participant, understand that I am responsible to act in a safe and responsible fashion, to follow the instructions or directions of the persons in charge of the FCW Youth Group, and to obey requests to comply with safety regulations as directed by the persons in charge of the FCW Youth Group, including designated leaders and drivers of private or public transportation. I will be solely responsible for myself, will wear a seat-belt when available and will not disturb or distract the driver when using private or public transportation to travel to and from FCW Youth Group activities. At all FCW Youth Group sports events or other activities, I acknowledge that it is my responsibility to obtain and wear appropriate safety equipment. I will not endanger the safety of others or myself at any activities, outings or sports events of the FCW Youth Group or when using private or public transportation for travel to and from such activities. I also understand that I may be photographed or appear in video for such purposes as FCW deems necessary.

Acknowledgment of Parent or Guardian of Participant: We, the undersigned Parents or Guardians of the Participant, hereby authorize and consent to the Participant's involvement in the FCW Youth Group, including any use of private or public transportation deemed necessary by the persons in charge of the FCW Youth Group for Participant travel to and from FCW Youth Group activities, or to the NEAREST SUITABLE MEDICAL or HOSPITAL FACILITY in the event that emergency or other medical treatment not available at the site of a FCW Youth Group activity is deemed advisable. We hereby consent to and authorize such emergency or other medical treatment of the Participant as may be deemed advisable in the event of accident, injury, or illness during the activities of the FCW Youth Group. We also understand that the participant may be photographed or appear in video for such purposes as the FCW or FCW Personnel deems necessary.

Acknowledgment of COVID-19 Risk: In conducting the Activities, FCW cannot guarantee that parent/guardian/participant and/or their family members will become infected with COVID-19. Further, attending the Activities could increase the risk of the foregoing contracting COVID-19. By signing this agreement, the undersigned acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that the undersigned and/or family members or others may be exposed to or infected by COVID-19 by attending the Activities and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 during the Activities may result from the actions, omissions, or negligence of FCW and/or FCW Personnel and/or others. I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to me, the undersigned, and/or to my family members including, but not limited to, personal injury, disability, death, illness, damage, loss, claim, liability, or expense, of any kind, that the undersigned, and/or Participant and/or family members may experience or incur in connection with attendance of the undersigned at Activities or participation in FCW's programming ("Claims"). The undersigned, on my own behalf, and/or on behalf of Participant and/or family members, hereby release, covenant not to sue, discharge, and hold harmless FCW and/or FCW Personnel from any and all Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of FCW and/or FCW Personnel, whether a COVID-19 infection occurs before, during, or after participation in the Activities and/or any other FCW event.

ACKNOWLEDGEMENT AND SIGNATURE:

I UNDERSTAND THAT THIS IS A LEGAL AGREEMENT that is binding upon myself and my heirs, executors, administrators, successors and assigns. **I HAVE READ AND UNDERSTAND THE TERMS OF THIS AGREEMENT** and **I ACKNOWLEDGE THAT** by signing this agreement voluntarily, I am agreeing to abide by its terms and I am waiving certain legal rights that my child or I may have.

Signature of Parent or Guardian Date
(if Participant is under 18 years of age)

Signature of Participant Date

Printed Name of Parent Date

Printed Name of Participant Date