

**WAIVER, RELEASE OF LIABILITY, AND CONSENT TO
MEDICAL ATTENTION**

ZIONSVILLE UNITED METHODIST CHURCH
9644 Whitestown Rd., Zionsville, IN 46077
317-873-2623 Fax 317-873-2937

LAST NAME: _____ FIRST NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

HOME PHONE: _____ EMERGENCY PHONE _____

EMAIL: _____

EVENT:
Date: _____ **Type of Activity** _____

Destination: _____

In exchange for my being allowed to participate in events sponsored by Zionsville United Methodist Church (herein referred to as "ZUMC"), I and, if I am not yet 18 years old, my parent or legal guardian (individually and collectively referred to below in the first person singular) agree to be bound by each of the following:

1. Obligation to Inspect Facilities and Equipment. I agree that prior to participating in the event, I will inspect the facilities and equipment to be used. If I believe anything is unsafe, I will immediately advise the supervisor of the event and ZUMC of such unsafe condition(s) and refuse to participate in the event.
2. Identification of Risks. I understand the participation in the event may involve risk of serious injury, including permanent disability and death, and other losses, both to persons and property. I understand that these injuries and losses might result from the actions, inactions, negligence, or conduct of others, the rules of the event, or the condition of the premises or of any equipment used.
3. Assumption of Risk. I assume all risks, known and unknown, in any way connected with my participation in the event. I accept personal responsibility for any liability, injury, loss or damage in any way connected with my participation in the event.
4. Waiver and Release. I waive, release, and hold harmless ZUMC and its directors, officers, sponsors, employees, volunteers, agents, successors, and assigns from all claims for any liability, injury, loss or damage in any way connected with my participation in the event, **whether or not caused in whole or part by the negligence or other misconduct of ZUMC or any of the persons mentioned above**. I intend for this waiver and release also to apply to any relatives, personal representatives, heirs, beneficiaries, next of kin or assigns who might pursue any legal action or claim for such liability, injury, loss or damage.

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Furthermore, in consideration of my child's participation in the event set forth above, I hereby **AGREE TO INDEMNIFY AND HOLD HARMLESS** ZUMC from any and all claims, demands, rights of actions or liabilities of whatsoever nature that any person had, now has, may have or might in the future have against ZUMC, including but not limited to, any and all claims, demands, rights of actions or liabilities based upon any NEGLIGENCE on the part of ZUMC based upon, arising out of, or in any manner connected with my child's participation in the event identified above.

5. Consent to Medical Treatment. I agree that ZUMC may provide to me, through medical personnel of its choice, customary medical or training assistance, transportation, and emergency medical services. This consent does not impose a duty upon ZUMC to provide such assistance, transportation, or services.

6. Media consent. I understand that pictures of the event which may include my child/children will be available for use in church publications.

I HAVE READ THIS WAIVER, RELEASE, AND CONSENT. I UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT. I AM SIGNING THIS WAIVER, RELEASE, AND CONSENT VOLUNTARILY.

ADULT: _____
Signature (Parent or Legal Guardian) Printed Name Date

MEDICAL INFORMATION

Medical Insurance Provider: _____ Phone _____

Policy Number : _____

Medical Pre-Certification Procedure (if applicable):

Special Medical Information Concerning Patient: (allergies, medications, conditions, etc.)

