



Summer Activities Waiver & Release

All participants in First Baptist Tillman's Corner Children's Ministries Summer Activities must have a signed and notarized Waiver & Release Form, including adults 19 years and older. Participants under 19 must have the authorized signature of a Parent/Guardian. This form cannot be faxed and must be brought with registration.

Name: _____ Birthdate: ____/____/____ Age: _____ Sex: Male Female

Address: _____ City, State, Zip: _____

Parent/Guardian: _____ Home Phone: _____

Work/Cell Phone: _____ Email: _____

Events Attending:

- Children's Summer Camp Terrific Tuesdays

Consideration: I acknowledge the personal benefits accruing to me (and my child, as applicable) by reason of participation in the above described event(s) and am aware of the activities in which I, or my child, will be involved.

Release/Indemnification: I hereby, in considerations of such benefits and other goods and valuable consideration received, consent to the above listed participation and release absolutely, forever discharge, hold harmless and covenant not to sue First Baptist Tillman's Corner, the event location, its directors, employees, agents, volunteers, and affiliates from any and all present or future liability, claims, demands, actions, or rights of action, whether asserted by me or a third part arising out of my (or my child's) participation in event activities (the "Claims"). I agree to indemnify First Baptist Tillman's Corner for any such Claims brought by me or a third party from any costs associated with the defending or litigating such claims, including but not limited to attorney fees, costs and legal expenses.

Assumption of Risk: I am aware of the risks associated with participation in the above events and do hereby voluntarily assume full responsibility for any risk, loss, property damage or personal injury, including death, that may result from participation in all First Baptist Tillman's Corner events.

Medical Emergency: In the event of injury or a medical emergency, I understand that the church's group leader, will be responsible for the medical care of all attendees. Course of action during such medical emergency will be determined by the information I provide on the Health Form.

Concession of Risk: I acknowledge that during my (or my child's) participation in said events that certain risks do exist. These include, but are not limited to, elevated heart and respiratory rates, travel by automobile (in church-owned, leased and voluntary personal transportation), the hazards of swimming and water-related activities, risk involved in recreational activity and those existing because of content of trips outlined in promotional materials. In consideration of this acknowledgement, I voluntarily have and do hereby, assume all risk associated with my (or my child's) participation in these programs.

Understanding: I represent and acknowledge that I have completely read and understand this document and all its terms and all matters referred to herein, that I have had an ample opportunity to obtain the advice of counsel and that, by signing this document, I understand that I am relinquishing legal rights and remedies that may have otherwise been available to me. I understand that this Waiver and Release shall be construed as broadly and inclusively as is permitted by applicable law and agree that if any portion of this document is held invalid, the remaining shall continue in full force and effect. To the extent the restriction on filing lawsuits is deemed unlawful, I agree to submit any Claims to a Christian conciliation/mediation organization for binding resolution.



Summer Activities Waiver & Release

Media Consent: I give my consent and permission for the taking of photographs and/or video of me (or my child) during the described event and waive and/or assign any and all rights (including copyright) in such media to First Baptist Tillman's Corner. First Baptist Tillman's Corner, as the sole owners of such media, shall have exclusive right to control and determine the use, display, performance, reproduction, and dissemination of any such photographs and/or videos.

CAUTION: READ THIS DOCUMENT CAREFULLY BEFORE SIGNING. THIS IS A GENERAL RELEASE AND INDEMNIFICATION OF CLAIMS.

Please check, which applies: Parent/Guardian Attendee 19 years of age and older

Signature: _____

If you are a Parent/Guardian of an attendee who is under 19 years of age, please include the following:

Your Name: _____ Relationship to Attendee: _____

Contact Number: _____

Notary Information - The following is to be completed by the notary witnessing the parent/guardian's signature.

The State of _____ the County of _____

Before me, a Notary Public, on this day personally appeared _____ known to me to be the person whose name is subscribed to the foregoing instruments and acknowledged to me that he executed the same for the purpose and considerations therein expressed.

Given under my hand and the seal of this office this _____ day of _____, AD

_____.

Notary Public, Signature

My commission expires the _____ day of _____, AD _____.