



Participants Name: \_\_\_\_\_

## **General Release of Claims**

### **ALL PURPOSES**

Good until: \_\_\_\_\_

**PLEASE READ THIS FORM CAREFULLY.** Be aware that in signing up and participating in the church sponsored youth/children activities, and using the facilities and equipment, you will be releasing and waiving all claims for injuries or loss or property damage that might be sustained arising in any manner out of these activities or the use of the facilities or equipment. This form must be filled out and signed by each parent/legal guardian or the child/youth will not be allowed to participate in these activities or use the facilities or equipment.

**ACKNOWLEDGEMENT OF RISK OR INJURY CLAUSE** - I recognize and acknowledge that there are risks of physical injuries, including death, damage, property damage, or loss which the participant may sustain as a result of participating in any and all activities or the use of the facilities or equipment of Harvest Baptist Church of Oswego.

**RELEASE AND WAIVER OF CLAIM FOR INJURY CLAUSE** - I do hereby fully release and discharge all claims that I may have for injuries or damages, against Harvest Baptist Church of Oswego and its officers, agents, servants, employees, and affiliates as a result of participating in church sponsored children/youth activities or using the facilities or equipment, and further agree to waive and relinquish any and all such claims. I hereby assume all risk of personal injury, sickness, death, damage and expense as a result of participation in church sponsored children/youth activities or using the facilities or equipment of Harvest Baptist Church of Oswego.

**INDEMNITY AND DEFENSE CLAUSE** - I further agree to indemnify and hold harmless and pay defense costs and defend the Harvest Baptist Church, Oswego and its officers, agents, servants, employees, and affiliates, from any and all claims resulting from injuries, including death, damages, property damage, or loss sustained by me arising out of, connected with, or in any way associated with church sponsored children/youth activities or using the facilities or equipment.

I have read and fully understand the above document and have had any questions I may have concerning it fully answered. I freely agree to its terms and conditions I affirm that the information below is accurate and current.

(Continued on back)

**MEDICAL CARE** – In giving the permission to participate in church sponsored children/youth activities or using the facilities or equipment of Harvest Baptist Church, Oswego, I hereby give permission and authorization for medical treatment, including but not limited to emergency surgery, and assume the responsibility of all medical bills, if any. I understand that, subject to the participants interests and medical condition, attempts will be made to alert the parent/legal guardian before any such necessary medical treatment is given.

I have read and fully understand the above document and have had any questions I may have concerning it fully answered. I freely agree to its terms and conditions. I affirm that the information below is accurate and current.

Print name of participant: \_\_\_\_\_

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

Address	State	Zip	Home #
Father	Work Phone #	Cell Phone #	
Mother	Work Phone #	Cell Phone #	
If not parent, legal guardian	Work phone #	Cell Phone #	
Other emergency contact	Phone #		
Medical Insurance Company	Medical Policy #		
Participant's Physician name and phone #			

**Medical Information (Include allergies, diabetes, physical limitations, diseases, or other conditions):**

\_\_\_\_\_

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