

# RELEASE & ASSUMPTION OF LIABILITY

## General Waiver and Release of Liability

I have chosen to participate in the camp retreat being offered by First Baptist Church of Merritt Island ("FBCMI") in \_\_\_\_\_. I understand that as a participant, I may be photographed or videotaped during normal camp or event activities and these photos/videos may be used in promotion materials. I, the undersigned, do hereby release and forever discharge FBCMI and its employees from any and all claims, demands, action or causes of action, past, present or future arising out of any damage or injury while participating in this camp or the events conducted therein. I agree to indemnify FBCMI and its employees for any and all claims, demands, damages, injuries, costs, suits or causes of action, past, present or future, arising out of or caused by my child while participating in this camp or event.

X \_\_\_\_\_

Participant's Signature

Date

*(if Participant is under 18, Parent/Guardian must sign as well)*

X \_\_\_\_\_

Parent/Guardian Signature

Date

## Specific Assumption of Risk & Liability Relating to "The Blob"

I understand that First Baptist Church of Merritt Island ("FBCMI") wishes to provide a safe and fun experience to all those who attend its camp retreat at \_\_\_\_\_ this summer. One of the available activities at the camp is an apparatus called "the Blob" (a floating canvas balloon-type structure). Use of the blob involves one person jumping onto one end of the Blob, and a second person being launched up into the air (and into the water). While most participants in this activity find it fun, there have been injuries associated with this activity. In fact, there have been enough injuries that neither the camp's insurer nor FBCMI's insurer will agree to cover any injuries that may arise out of using the Blob. As a result, neither FBCMI nor the \_\_\_\_\_ or its staff can assume responsibility for injuries which may result from use of the Blob. My disclaimer of liability set forth below includes both proper/supervised use of the Blob and unauthorized use (or misuse) of "The Blob".

THEREFORE I, FOR MYSELF AND ON BEHALF OF MY PEERS, ASSIGNS, PERSONAL REPRESENTATIVES AND NEXT OF KIN, HEREBY FOREVER RELEASE AND HOLD-HARMLESS FBCMI AND THE OWNERS OF THE PREMISES USED TO CONDUCT THE BLOB ACTIVITIES, THEIR OFFICES, OFFICIALS, AGENTS AND/OR EMPLOYEES (RELEASEES), WITH RESPECT TO ANY AND ALL

INJURIES, DISABILITY, DEATH, LOSS OR DAMAGE TO PERSONS OR PROPERTY. THIS RELEASE EXPRESSLY INCLUDES LOSS CAUSED BY THE NEGLIGENCE OF THE RELEASEES AND THEIR EMPLOYEES/AGENTS.

**I understand and agree that this release of liability and assumption of risk covers each and every aspect of the Blob activity (in which I willingly and with knowledge of the risks voluntarily chose to participate).**

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARY WITHOUT ANY INDUCEMENT.

I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, BOTH KNOWN AND UNKNOWN, EVEN IF ARISING FROM THE NEGLIGENCE OF THOSE PERSONS OR THINGS REFERENCED ABOVE AND I ASSUME FULL RESPONSIBILITY FOR MY PARTICIPATION.

X \_\_\_\_\_

Participant's Signature

\_\_\_\_\_

Date

**IF PARTICIPANT IS UNDER 18, HIS/HER PARENT OR GUARDIAN MUST READ THIS FORM AND SIGN BELOW**

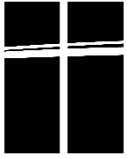
This is to certify that I, as parent/guardian with legal responsibility for the minor set forth above, do consent and agree not only to his/her release of FBCMI and all other Releasees, but that I also do release and indemnify FBCMI and all other Releasees from any and all liabilities incident to his/her involvement in these activities and involvement in the same for myself, my heirs, assigns, and next of kin. I also give permission for FBCMI to authorize emergency medical treatment as may be deemed necessary for the child or ward who signed above.

X \_\_\_\_\_

Parent/Guardian Signature

\_\_\_\_\_

Date



## Release of Liability Required For Participation in Trips and Activities

Participant Name \_\_\_\_\_ Grade \_\_\_\_\_ DOB \_\_\_\_\_ Male/Female  
Nickname \_\_\_\_\_ School \_\_\_\_\_  
Primary Address: \_\_\_\_\_  
Secondary Address: \_\_\_\_\_  
Youth Email \_\_\_\_\_  
Youth Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Parent/Guardian Name(s) \_\_\_\_\_  
Email(s) \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

### Emergency Contact

Name \_\_\_\_\_ # \_\_\_\_\_  
Name \_\_\_\_\_ # \_\_\_\_\_  
Name \_\_\_\_\_ # \_\_\_\_\_

### Medical Information

#### Non-Parent/Guardian Emergency Contacts

Name: \_\_\_\_\_ Relation: \_\_\_\_\_  
Phone(s): \_\_\_\_\_

#### Primary Care Physician

Name: \_\_\_\_\_  
Phone(s) \_\_\_\_\_ Fax: \_\_\_\_\_  
Name of practice: \_\_\_\_\_  
Date of last Tetanus shot (required) \_\_\_\_\_

#### Insurance Information

Medical Insurance Company: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Policy/Group ID#: \_\_\_\_\_  
Policy Holder's Name: \_\_\_\_\_

**Required:** Attach a copy of medical insurance card here

## **Medication**

List all medications the youth will take during any youth ministry trips, retreats, or events. This includes any prescription, non-prescription medications, herbal supplements, and vitamins. Any participant under the age of 18 is required to give **ALL MEDICATIONS to the adult youth leader in their original container with complete dispensing instructions before the start of the event. Youth are not permitted to carry any prescription or non-prescription medication and will be sent home at the parent/guardian's expense if they do.**

<b>Medication Name</b>	<b>Dose</b>	<b>Treatment for</b>	<b>Dosage Instructions</b>
<i>Example: Zyrtec</i>	<i>5mg</i>	<i>allergies</i>	<i>Take one pill in morning</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Over-the-Counter Medication Permission:** Do you give permission for your child to be given OTC medication as needed and as directed on the label, to treat non-emergency medical conditions that do not require a doctor or hospital visit such as a minor headache, stomachache, or allergic reaction (i.e Tylenol, Advil, antacids, Benadryl) while at a youth ministry event?

**No.** Contact me or get medical help if my child has any minor medical concerns.

Parent signature \_\_\_\_\_

**Yes.** I give permission for a leader to give my child approved OTC medications as directed on an as needed basis.

Parent signature \_\_\_\_\_

## **Medical Conditions**

1. List any medical conditions you have (asthmas, diabetes, epilepsy, etc):
2. List any allergies (medicine, food, and/or environmental) and the severity and type of reaction:
3. Please explain any other pertinent information about the participant (i.e physical, behavioral, or emotional) that would be important for the leaders to know.

## **Photo Release**

\_\_\_\_\_ I give permission for my child to be photographed, videotaped, or audio taped while participating in Firehouse Youth Activities.

\_\_\_\_\_ I do not want my child to be photographed, videotaped, or audio taped.

I hereby authorize any leader of the Church to be the Limited Guardian for \_\_\_\_\_, my minor child, on any Church related trips. This Limited Guardian is for the specific purpose of procuring medical attention for my minor child in emergency situations.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

I, the parent/legal guardian of \_\_\_\_\_ do hereby release, forever discharge and agree to hold harmless First Baptist Church of Merritt Island and any of its ministries (and the members, leadership and other directors thereof) (the church and all such individuals referred to collectively hereinafter as the "Church") from any and all liability, claims or demands for personal injury, sickness or death, as well as property damages and expenses, of any nature whatsoever which may be incurred by the undersigned (and/or the child participant named above) that occur while said individuals are participating in activity sponsored or offered by the Church. This specifically includes, but is not limited to, infection with COVID-19 and/or any ancillary impacts of contracting the virus while on—or as a result of—a sponsored trip or activity of the church.

The undersigned recognizes that the church is taking all reasonable steps to minimize the risks of any participant contracting the COVID-19 virus (or any other communicable diseases). However, the undersigned also acknowledges and accepts that, regardless of any steps taken by the church, any gathering in public and/or use of public space carries with it the potential for infection.

**I (both for myself and my child participant) hereby assume all risk of personal injury, sickness, death, damage and expense as a result of participation in trips and activities sponsored by the church.**

I hereby grant my permission for my child to participate fully in events and activities and give the church my permission to take said participant to a doctor or hospital and authorize medical treatment, including but not limited to emergency surgery and assume the responsibility of all medical bills, if any.

As the parent/legal guardian of the above-named minor, I am authorized to sign this permission form. I will also return at the specified time to pick up my child. If I cannot pick my child up, they may be released to \_\_\_\_\_.

Parent/Guardian Signature: \_\_\_\_\_

Phone number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Date: \_\_\_\_\_

**State of Florida, County of Brevard**

Personally appeared before me, the undersigned authority, a Notary Public in and for said state and county, the within-named party, \_\_\_\_\_, who acknowledged the within instrument for the purpose therein contained. Form of Identification: Personally Known [ ] Other ID [ ]; Driver's License [ ]

Witness my hand and official seal this \_\_\_\_\_ day  
Of \_\_\_\_\_, 20\_\_\_\_\_.

My commission expires: \_\_\_\_\_