

Freedom Church

27626 Cashford Circle
Wesley Chapel, FL 33544
813.907.8650

Release and Waiver of Liability

Ministry Event: Vacation Bible School

In consideration of being permitted to participate in Ministry Events and Activities at Freedom Church, I hereby understand the following.

1. Assumption of Risk: I understand that participation in Ministry Events and Activities with Freedom Church may include activities that might be hazardous and I assume the risk of injury or harm associated with such participation. I understand that my child(ren) will be participating in games, movement activities, recreation, music, dance, class time, story time, social interaction, snack time and other similar activities.
2. Waiver and Release: I, the Parent/Guardian, release and forever discharge and hold harmless Freedom Church and its employees, officers, directors, shareholders, affiliates, agents, representatives, successors and assigns (collectively the "Releasees") from any and all liability, claims, demands, damages, costs, expenses, actions and causes of action (collectively the "Claims") in respect of death, injury, loss or damage to myself or property howsoever caused, arising or to arise by reason of or during my child's participation in Ministry Events and Activities at Freedom Church whether prior to, during or subsequent to my attendance and notwithstanding that any Claim may have been contributed to or occasioned by the negligence of any of the Releasees.
3. Insurance: I understand that Freedom Church does not assume any responsibility for or obligation to provide me with financial or other assistance, including but limited to medical, health or disability benefits or insurance of any nature in the event of my injury, illness, death or damage to my property. I expressly waive any such claim for compensation or liability on the part of Freedom Church beyond what may be offered freely by Freedom Church in the event of such injury or medical expenses incurred by my child.
4. Medical Treatment: I understand and acknowledge that Freedom Church does not carry or maintain health, medical or disability insurance coverage for my child and I therefore agree to assume responsibility for such insurance coverage for my child. In the event of a medical emergency that would require the attention of a physician or hospitalization, I will assume full responsibility for all medical bills.
 - I hereby release and forever discharge Freedom Church from any claim whatsoever which arises or may hereafter arise on account of any first-aid treatment or other medical services rendered in connection with an emergency during Ministry Events and Activities with Freedom Church.

5. Other: I expressly agree that this Release is intended to be broad and inclusive. I agree that in the event that any clause or provision of this Release is deemed invalid, the enforceability of the remaining provisions of this Release shall not be affected.
6. Photographic Release: I grant and convey to Freedom Church all right, title, and interests in any and all photographs, images, video, or audio recordings of my child or his/her likeness or voice made by Freedom Church.

I consent that typing in my name and today's date is the equivalent of my signature. I express my understanding and intent to enter into this Release and Waiver of Liability willingly and voluntarily.

Name of Participant(s):

Name of Parent(s) or Guardian(s):

Date:

Contact in Case of Emergency:

Relation of Contact:

Cell Phone of Contact:

Home Phone of Contact:

Work Phone of Contact:

Please give any additional information you think we should know, specifically medical information such as the name of your physician and his/her contact information. Please include information about such things as allergies and any medication child(ren) are currently taking. Please list any common medications that your child(ren) cannot take. Please list any dietary restrictions that your child(ren) may have.