

**WAIVER, RELEASE OF LIABILITY, AND CONSENT FOR MEDICAL ATTENTION**  
**For 2018/2019 School Year**  
**Orange Park United Methodist Church**  
**2105 Park Avenue, Ste. 19, Orange Park, FL 32073 / Phone: 904.264.2241**

In exchange for my being allowed to participate in the event sponsored by Orange Park United Methodist Church Children Ministry (herein referred to as "OPUMC") **The Holy Land Experience Spring Break Trip**, I \_\_\_\_\_ (Student's Name) and 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 OPUMC of such unsafe condition(s) and refuse to participate in the event.
2. **Identification of Risks**: I understand that 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 OPUMC 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 OPUMC or any of the persons mentioned above**. I intend for this waiver and release also to apply to any relatives, personal representatives, heirs, beneficiaries, and next of kin or assigns who might pursue any legal action or claim for such liability, injury, loss or damage. Furthermore, in consideration of my child's participation in the event set forth above, I hereby AGREE TO INDEMNIFY AND HOLD HARMLESS OPUMC 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 OPUMC, including but not limited to, any and all claims, demands, rights of actions or liabilities based upon any NEGLIGENCE on the part of OPUMC 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 OPUMC may provide to me (Student), through medical personnel of its choice, customary medical or training assistance, transportation, and emergency medical services. This consent does not impose a duty upon OPUMC to provide such assistance, transportation, or services.
6. **Media Consent**: I understand that pictures of the event, which may include my child, 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.

Child Print Name: \_\_\_\_\_ Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Print Name: \_\_\_\_\_ Signed: \_\_\_\_\_ Date: \_\_\_\_\_