WAIVER, RELEASE OF LIABILITY, AND CONSENT FOR MEDICAL ATTENTION Orange Park United Methodist Church

	te. 19, Orange Park, FL 32073 / Phone: 9	
In exchange for my being allowed to pa	articipate in the activity	(event) sponsored by
Orange Park United Methodist Church	(herein referred to as "OPUMC"), 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 E	quipment: I agree that prior to participating	g in the event, I will inspect
the facilities and equipment to be used.	If I believe anything is unsafe, I will imm	ediately advise the supervisor
of the event and OPUMC of such unsat	fe condition(s) and refuse to participate in	the event.
2. <u>Identification of Risks:</u> I understand	the participation in the event may involve	risk of serious injury,
including permanent disability and dear	th, and other losses, both to persons and pr	operty. I understand that these
injuries and losses might result from the	e actions, inactions, negligence, or conduc	t of others, the rules of the
event, or the condition of the premises	or of any equipment used.	
3. <u>Assumption of Risk:</u> I assume all risk	ks, known and unknown, in any way conne	ected with my participation in
the event. I accept personal responsibility	ity for any liability, injury, loss or damage	in any way connected with my
participation in the event.		
4. Waiver and Release: I waive, release	e, and hold harmless OPUMC and its direc	tors, officers, sponsors,
employees, volunteers, agents, successor	ors, and assigns from all claims for any lia	bility, injury, loss or damage in
any way connected with my participation	on in the event, whether or not caused in	whole or part by the
negligence or other misconduct of Ol	PUMC or any of the persons mentioned	above. I intend for this waiver
and release also to apply to any relative	es, personal representatives, heirs, benefici-	aries, and next of kin or
assigns who might pursue any legal act	ion or claim for such liability, injury, loss	or damage. Furthermore, in
consideration of my child's participation	n in the event set forth above, I hereby AC	REE TO INDEMNIFY AND
HOLD HARMLESS OPUMC from any	y and all claims, demands, rights of action	s or liabilities of whatsoever
nature that any person had, now has, m	ay have or might in the future have agains	t 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 ou	t of, or in any manner connected with my	child's participation in the
event identified above.		
5. Consent to Medical Treatment: I agree	ee that OPUMC may provide to me, through	gh medical personnel of its
choice, customary medical or training a	assistance, transportation, and emergency r	medical services. This consent
does not impose a duty upon OPUMC to	to provide such assistance, transportation,	or services.
6. Media Consent: I understand that pic	etures of the event, which may include my	child, will be available for use
in church publications.		
I HAVE READ THIS WAIVER, REL	EASE, AND CONSENT. I UNDERSTAN	ND THAT I HAVE GIVEN UP
SUBSTANTIAL RIGHTS BY SIGNIN	NG IT. I AM SIGNING THIS WAIVER, F	RELEASE, AND CONSENT
VOLUNTARILY.		
Child Print Name:	Signed:	Date:
Parent/Guardian Print Name:	Signed:	Date: