

Westwood Baptist Church Activities Consent Form

Name of Participant _____ Birth Date _____
Name of Parent(s) or guardian(s) if Participant is a Minor _____
Address _____ City _____ State _____ Zip _____
Home Telephone _____ Cell #1 _____ Cell #2 _____
Emergency Contact and Phone Number _____

Medical Information

Is the participant presently being treated for an injury, sickness or taking medication? Yes No

If yes, please explain _____

Does the participant have any ongoing medical conditions (asthma, diabetes, seizures, etc.)? Yes No

If yes, please explain _____

Does the participant have a physical handicap or illness that would prevent any participation in normal or rigorous activity? Yes No

If yes, please explain _____

Family Doctor _____	Doctor's Phone _____
Insurance Co _____	Policy Number _____
Name of Insured _____	Employer of Insured _____

Consent and Certification

I, the undersigned, being the participant or parent or legal guardian of the named above, do hereby consent to the participation in all the scheduled activities of Westwood Baptist Church, and any other supervised activities customarily associated with its ministry, including weekly events, overnight and weekend trips. Further, I certify that the participant is physically fit and adequately prepared to participate in all recreational, sporting events and all activities approved by Westwood Baptist Church. If I wish to revoke this consent for any reason, I will promptly notify Westwood Baptist Church in writing.

Note to Parent/Guardian: *If giving consent for one activity only, or if this consent is otherwise restricted, please specify:*

Medical Treatment Authorization for Minors

I, the undersigned, understand that I will be notified in the case of a medical emergency. However, in the event that I cannot be reached I authorize calling the emergency contact and the calling of appropriate medical personnel. These persons, including the Ministry Leader and adult chaperones, can authorize the providing of necessary medical services in the event that the participant is injured or becomes ill. If the parent or guardian cannot be reached, I authorize the emergency contact (listed above) and/or medical personnel to make medical care decisions on my behalf, if required by law or a health care provider. I authorize these persons to act in my place to consent to all necessary and appropriate x-ray examinations, anesthetic, medical or surgical diagnosis or treatment, and hospital care.

I, the undersigned, understand that the person(s) making such medical decisions for the participant will not be responsible for medical expenses incurred solely on the basis of this authorization. I further agree to notify the Ministry Leader in writing of any health changes that would restrict the participant's participation in any normal activities. I also understand that the Ministry Leader and designated adult chaperones reserve the right to restrict the participant from any activity that they do not feel is within the physical capabilities of the participant.

Medical Treatment Authorization for Participants over 18

In case of a medical emergency, I, the undersigned, am not able to make urgent medical decisions for myself, appropriate medical authorities and my emergency contact will be contacted immediately.

<i>Signature of Participant if over 18</i>	<i>Printed name of Participant</i>	<i>Date</i>
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<i>Signature of Parent or Guardian of a Minor</i>	<i>Printed name of Parent or Guardian</i>	<i>Date</i>
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Complete both sides and return to your Ministry Leader

This waiver is good for 1 year (August to August). A new form will need to be completed each year to participate in events on and off the Westwood campus.

Rev. July, 2017

Westwood Baptist Church Release and Waiver of Liability

In consideration of being permitted to use the facilities at **Westwood Baptist Church**,
4001 Georgetown Rd NW, Cleveland, TN (the "Property"),

I hereby execute this Release and Waiver of Liability ("Release") and assume full and complete responsibility for any injury, accident, illness, medical expenses or loss of property that may occur while I am on the Property and relinquish any and all rights I have now or may have in the future against Westwood Baptist Church, its employees, members, or agents (collectively, the "Church"), arising out of or related to my utilization of the Property.

I do hereby, voluntarily and without duress, execute this Release under the following terms:

1. **Waiver and Release.** I do hereby waive, covenant not to sue, release and forever discharge, indemnify and hold harmless the Church from any kind of liability, claims, fines, suits, orders, actions, damages, costs and/or expenses and demands of whatever kind or nature, either in law or in equity, that I may have against the Church arising out of or in any way connected with or related to my presence at or participation in activities arising from the utilization of the Property. I understand that this Release discharges from the Church from any and all liability or claims that I may have against the Church with respect to any bodily injury, personal injury, illness, medical expenses, death, property damages or consequential expenses or losses that may result from my utilization of the Property, whether caused by the negligence, the action or inaction of the Church.
2. **Assumption of the Risk.** I am aware of and expressly and specifically assume all risks associated with my participation in the activities of the Property.
3. **Other.** I expressly agree that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Tennessee, and that this Release shall be governed by and interpreted in accordance with the laws of the State of Tennessee. I agree that in the event that any clause or provision of this Release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release which shall continue to be enforceable.
4. **Execution.** I execute this Release for full, adequate and complete consideration fully intended to be bound by the same.

I further understand that if I am a minor, this Release and Waiver must be signed by a parent or guardian. If I am the parent or guardian of the minor, I understand that by signing this Waiver of Liability I, and the minor whose behalf I am signing, are bound by its terms.

If signing on behalf of an entity or group, I represent that I am duly authorized to execute this Release on behalf of the entity or group I represent.

Minor's Name (if applicable): _____

Printed Name: _____

Signature: _____

Organization if applicable: _____

Date: _____