

RELEASE, WAIVER & INDEMNITY AGREEMENT

IT IS THE INTENTION OF _____ BY THIS AGREEMENT TO
PARENT OR GUARDIAN OF MINOR
EXEMPT AND RELIEVE FIRST UNITED METHODIST CHURCH OF WICHITA FALLS, INC., AND
ITS OFFICERS, AGENTS, SERVANTS OR EMPLOYEES FROM LIABILITY FOR PERSONAL INJURY,
PROPERTY DAMAGE OR WRONGFUL DEATH OF _____
NAME OF MINOR
(HEREAFTER "THE PARTICIPANT") CAUSED BY ANY ACT OF NEGLIGENCE OF FIRST UNITED
METHODIST CHURCH OF WICHITA FALLS, INC., AND ITS OFFICERS, AGENTS, SERVANTS
OR EMPLOYEES.

For and in consideration of permitting the participant to observe, or use any facility or equipment of First United Methodist Church of Wichita Falls, Inc., or engage in and/or receive instruction in any activity or activity incidental thereto SOME OF WHICH MAY INVOLVE DANGERS AND RISK OF BODILY INJURY at First United Methodist Church of Wichita Falls, Inc. in the city of Wichita Falls, County of Wichita and State of Texas, beginning on the day of _____, the undersigned parent and/or guardian of the participant: hereby voluntarily and absolutely releases, discharges, waives and relinquishes any and all loss or damages or actions or causes of action for personal injury, property damage or wrongful death occurring to the participant as a result of the participant's observing or using facilities or equipment of First United Methodist Church of Wichita Falls, Inc., or engaging in or receiving instructions in any activities SOME OF WHICH MAY INVOLVE DANGERS AND RISK OF BODILY INJURY or in activities incidental thereto wherever or however the same may occur, and for whatever period said activities or instructions may continue.

The undersigned parent or guardian of the participant for him/herself, his/her heirs, executors, administrators or assigns agrees that in the event any claim for personal injury, property damage, or wrongful death shall be prosecuted against First United Methodist Church of Wichita Falls, Inc. or its officers, agents, servants or employees, the undersigned parent or guardian will indemnify and hold harmless First United Methodist Church of Wichita Falls, Inc. and its officers, agents, servants or employees from any and all claims or causes of action by the participant or by any other person or entity, by whomever or wherever made or presented, and under no circumstances will the undersigned parent or guardian of the participant present any claim against First United Methodist Church of Wichita Falls, Inc. and said persons for personal injuries, property damage, wrongful death or otherwise, caused by any act of negligence by First United Methodist Church of Wichita Falls, Inc. and said persons.

The undersigned parent of guardian represent that he/she has read this Release, has requested and has been provided with, or has requested and declined advisement on the potential dangers/risks of engaging in the observation, activities or instruction offered, assumes all risks associated with such dangers and risks, and is fully aware of and understands the terms and the legal consequences of the signing of this Release. The undersigned parent or legal guardian intends his or her signature to be a complete and unconditional release of all liability to the greatest extent allowed by law and if any portion of the Release is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

DATED

SIGNATURE OF PARENT OR GUADIAN FOR THE PARTICIPANT

MEDICAL INFORMATION

Participant's full name: _____ Birth date: _____

Address: _____ Grade: _____

City: _____ St: _____ Zip: _____ Phone: _____

Mother's Name: _____ Father's Name: _____

Mother's Work Phone: _____ Father's Work Phone: _____

Mother's Cell Phone: _____ Father's Cell Phone: _____

Emergency Contact: _____ Emergency Phone: _____

Physician's Name: _____ Physician's Phone: _____

Group or Family Hospitalization Insurance Company: _____

Insurance Group Number: _____ Insurance Policy Number: _____

Date of Last Tetanus Shot: _____ Allergies (foods, meds, insects, etc.): _____

Medical History (diabetes, epilepsy, heart murmur, physical limitations, medications currently being taken, etc.): _____
