



Church For The Beach

Waiver, Release & Medical Authorization

All participants in Church for the Beach events must have a signed and notarized Waiver, Release and Medical Authorization Form, including adults 19 years and older.

Participants under 19 must have the authorized signature of a Parent/Guardian.

Name: _____ Birthdate: ____/____/____ Age: _____ Sex: Male Female
Address: _____ City: _____ State: _____ Zip: _____
Parent/Guardian: _____ Home Phone: (____) _____
Work/Cell Phone: (____) _____ Email: _____

Secondary contact to notify in event of emergency: _____
Their relationship to you: _____ Their phone: (____) _____

Please supply ALL of the following information: **Attach a copy of your insurance card.**

Social Security #: _____ - _____ - _____
Medical Insurance Co.: _____ Group# _____ Policy#: _____
Company's address: _____ Company's Phone: (____) _____
City: _____ State: _____ Zip: _____
Family Physician's Name: _____ Phone: (____) _____

Physical Limitations (i.e. asthma, diabetes, allergies, etc.), and/or special instructions (i.e. allergic to certain meds, rare blood type, wears contact lenses, etc.):

List **ALL** medication taken on a regular basis and/or any brought with you to the Event (note: prescription meds **MUST** have a pharmacy label and name of doctor):

List all operations/serious injuries and dates within the past five (5) years:

Note: The above is correct and the person herein described has permission to engage in all prescribed activities except as noted.

Consideration. I acknowledge the personal benefits accruing to me (my child) by reason of participation in the above described event and am aware of the activities in which I, or my child, will be involved through said participation.

Release / Indemnification. I hereby, in consideration of such benefits and other good and valuable consideration received, consent to the above listed participation and release absolutely, forever discharge, hold harmless and covenant not to sue Church for the Beach, Inc., (CFTB) its directors, employees, agents, volunteers, and affiliates from any and all present or future liability, claims, demands, actions or rights of action, whether asserted by me or a third party arising out of my (or my child's) participation in event activities (the "Claims"). I agree to indemnify CFTB for any such Claims brought by me or a third party from any costs associated with defending or litigating such claims, including but not limited to attorney fees, costs and legal expenses.

Assumption of Risk. I am aware of the risks associated with participation in the above event and do hereby voluntarily assume full responsibility for any risk of loss, property damage or personal injury, including death, that may result from participation in event activities.

Media Consent. I give my consent and permission for the taking of photographs and/or video of me (or my child) during the described event and waive and/or assign any and all rights (including copyright) in such media to CFTB. CFTB, as the sole owners of such media, shall have the exclusive right to control and determine the use, display, performance, reproduction and dissemination of any such photographs and/or videos.

Medical Emergency. In the event of injury or a medical emergency, I authorize CFTB group leaders, to be responsible for the medical care of my (or my child). It will be CFTB group leaders' responsibility to assess medical needs, obtain and consent to appropriate medical care, transport persons in need of medical care and contact parents or guardians of minors. I hereby give permission to medical personnel selected by the CFTB leaders to order X-rays, routine tests, and treatment for myself (or my child). In the event of an emergency and neither my primary contact nor secondary can be reached, I hereby give permission to the physician selected by the CFTB leaders to hospitalize, secure proper treatment, order injections and/or anesthesia and/or surgery to myself as named above. I further authorize the release of the above medical information to appropriate medical personnel and/or the health coverage insurance company. In addition, I have, and hereby, release CFTB, its directors, employees, agents, volunteers, and affiliates from any and all liability associated with participation in an event or related to medical treatment. In addition, I assume the risk and financial responsibility for any injury resulting from my (my child's) participation in all CFTB events. I understand that if I do not have medical insurance, I, as the parent or guardian, will be responsible for any medical expenses in the event of a sickness and/or injury. I understand that there are risks involved in taking place in recreation activities and other activities related to participation in church events.

Additional Authorization Addendum – I acknowledge that during my (or my child's) participation in certain events that certain risks do exist. These include, but are not limited to, the hazards of being in a construction type setting, travel by personal automobile, public transportation, public hotels, the risks involved in recreation games/activities (including swimming) and those existing because of the content of the events. In consideration of this acknowledgement, I voluntarily have and do hereby, assume all risk associated with my (or my child's) participation in these events.

Understanding. I represent and acknowledge that I have completely read and understand this document and all its terms and all matters referred to herein, that I have had an ample opportunity to obtain the advice of counsel and that, by signing this document, I understand that I am relinquishing legal rights and remedies that may have otherwise been available to me. I understand that this Waiver, Release and Medical Authorization shall be construed as broadly and inclusively as is permitted by applicable law and agree that if any portion of this document is held invalid, the remaining shall continue in full force and effect. To the extent the restriction on filing lawsuits is deemed unlawful, I agree to submit any Claims to a Christian conciliation/mediation organization for binding resolution.

Copy of Original. It is understood and agreed that a copy of this form shall be treated as authentic and binding as the original.

**CAUTION: READ THIS DOCUMENT CAREFULLY BEFORE SIGNING.
THIS IS A GENERAL RELEASE AND INDEMNIFICATION OF CLAIMS.**

Please check, which applies:

Parent/Guardian Attendee 19 years of age and older

Signature: _____

If you are a Parent/Guardian of an attendee who is under 19 years of age, please include the following.

Your Name: _____

Relationship to Attendee: _____

Contact Number: _____

Notary Information

The following is to be completed by the notary witnessing the participant's and/or parent/guardian's signature.

The State of _____ the County of _____
Before me, a Notary Public, on this day personally appeared _____ known to me to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that he executed the same for the purpose and consideration therein expressed.

Given under my hand and the seal of the office this _____ day of _____,
A.D. _____.

Notary Public, Signature _____

My commission expires the _____ day of _____, A.D. _____.

This form is valid for one year from the date of notary – Valid date _____