

# Release of Liability Waiver Agreement

## Eastern Heights Baptist Church

1331 S.E. Swan Dr. Bartlesville, OK. 74006 Office: 918-333-2181 Fax: 918-333-7900

***This release of liability form must be signed.***

I, \_\_\_\_\_ (Parent/Guardian), give permission for  
(please print)

my child, \_\_\_\_\_ (hereinafter "Participant"), to participate in  
(please print)  
any Eastern Heights Baptist Church event from January 1, 2012 to December 31, 2012.

Parent/Guardian in exchange and consideration for your child's participation in any and all events and activities planned, organized and/or supervised by Eastern Heights Baptist Church (hereinafter the "Activities"), agree to release, defend and hold harmless Eastern Heights Baptist Church (together with all of its staff, sponsors, agents, representative, employees, volunteers, officers, and deacons (hereinafter "Releasees")) from, and against any and all liability, claims, demands, causes of actions of every kind and character, losses, costs, expenses (including attorney's fees) and damages of every kind and character for injury or death and damage or alleged damage to any property sustained or alleged to have been sustained arising out of, or related to or incident, to Participant's participation in the Activities, regardless of whether such claims, demands, causes of action of every kind and character, losses, costs, expenses (including attorney's fees) and damages are caused by the sole, joint or concurrent negligence of Participant. Parent/Guardian hereby waives and releases any and all claims, demands and causes of action, of every kind and character for personal injury or property damage related to participation in the Activities of Eastern Heights Baptist Church, Bartlesville, OK.

In the event I, the undersigned, as a Parent/Guardian of the minor Participant listed above, am unable to be contacted in case of a medical emergency, I hereby authorize any staff member and/or adult sponsor who may be supervising or directing any activity sponsored by Eastern Heights Baptist Church, Bartlesville, OK., to provide, authorize or order emergency medical treatment for the minor Participant listed above while this said Participant is engaged in any activities. I understand that the sponsors will attempt to contact me at the earliest appropriate time concerning such treatment.

I understand that as a Participant in any of the Activities, my child may be photographed or videotaped during the Activities and I hereby agree to release any and all rights, title, or ownership in such photos/videos. Likewise, I hereby expressly grant permission to Eastern Heights Baptist Church to use any photos/videos of the minor Participant in any or web site materials. \_\_\_ Yes \_\_\_ No

I have explained to my minor Participant the attitude and actions expected during the Activities. I expressly understand and agree that, if any Releasee deems it necessary for the Participant to return from any of the Activities due to illness, injury or misconduct, I shall be responsible for all costs associated with such a return trip.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Participants Signature (If 18 years or older in age)

\_\_\_\_\_  
Date

# MEDICAL INFORMATION

(to be kept on file for one year)

Name of Minor \_\_\_\_\_ Age \_\_\_\_\_ M/F \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Minor's Social Security No. \_\_\_\_\_ Date of Birth \_\_\_\_\_

Family's Home Phone \_\_\_\_\_ Parent/Guardian Cell \_\_\_\_\_

Parent/Guardian E-mail contact \_\_\_\_\_

Emergency contact \_\_\_\_\_ Phone \_\_\_\_\_

Health Insurance Company \_\_\_\_\_

Policy No. \_\_\_\_\_ Group No. \_\_\_\_\_

**PLEASE ATTACH A COPY OF MINOR'S INSURANCE CARD (Front & Back)**

**Date of last tetanus shot**

\_\_\_\_\_

**Please explain any medical conditions the minor has. This should include any repetitive, chronic illnesses, i.e. asthma, migraine headaches. This should also include any seasonal conditions. Please check if child has:**

food allergies  seasonal allergies  insect/bite allergies  
 allergic reaction to medications

**Please use the space below to explain:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your child ever sleep walk? Yes  No

Can your child swim? Yes  No

Does your child have any physical handicaps or illness which would prevent him/her from participating in normal, rigorous activity? Yes  No  (If yes, please explain)

\_\_\_\_\_

**Please list all medications that the minor takes. Please list each medication and the dosage:**

*(This is important information—please be prepared to send the medications with your child if he or she will be involved in an event with the church, but away from the church facilities.)*

MEDICAL CONDITION	MEDICATION	DOSAGE

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date