

ADULT LEADER DECLARATION AND RELEASE FORM

Information in this document is protected by HIPAA privacy laws and should be handled accordingly.

Event Name: _____ Event Date: _____

ACCIDENT COVERAGE

I understand that my personal insurance will be primary coverage for any accidents and that Foursquare's Insurance, which only covers medical expenses, is secondary up to a maximum of \$50,000, and does not cover illness. I also understand that if I have questions, I must contact ICFG Insurance at (213) 989-4400.

If not currently insured, ICFG reserves the right to subrogation if it is later determined that personal medical insurance was in place.

I agree to remain fully liable and responsible for the payment of any such hospital, doctor, ambulance, dental or medical fees with the exception of the Accident Coverage as set out herein. to the extent that it applies. I further agree that in giving this permission and authorization, The Foursquare Church does not assume any responsibility or liability for the payment of such hospital, doctor, ambulance, dental or other medical fees which may be incurred. The completed forms may be photocopied and maintained by authorized personnel for trips outside of Foursquare facilities.

Signature: _____ Date: _____

DECLARATION AND RELEASE

EACH ADULT LEADER IS TO READ ALL EVENT MATERIALS PRIOR TO EVENT. Adult leaders are the key to a successful event for each student. The better prepared you are, the better your experience, and therefore the better the experience your students will have.

Failure to uphold the following guidelines is grounds for immediate dismissal of an adult leader from event and may open him/her to legal liability:

- Fully participate in the entire event—activities, meetings, meals and events; adult leader meetings
- **NEVER** be alone with a student in a private setting (cabin, meeting room, office, forested area, etc.)
- **NEVER** enter into any kind of romantic relationship with a student, another leader, or staff person
- **NEVER** use or allow any kind of foul language, humiliation, hazing or physical discipline with students
- **NEVER** leave the event grounds without prior approval of the Event Director or Event Coordinator
- Ensure that all students' and adult leaders' medications are kept in the First Aid station
- Immediately refer any information regarding students dealing with, or having dealt with abusive situations to the Event Pastor or Event Director

I affirm that all information I provided on my registration is true. I will follow the Adult Guidelines as stated above, and as detailed in the materials I will review prior to the event. I will fully cooperate with the event staff, management, and program activities. I promise to conduct myself in an exemplary way in the sight of the Lord Jesus with the students entrusted to me. Any controversy or claim arising out of or related to my participation in this event shall be settled by binding arbitration pursuant to the applicable rules of the American Arbitration Association.

I authorize any and all inquiries into the facts stated in this registration. I understand and agree that such inquiries may include (without limiting the nature and scope of the inquiries) obtaining a criminal records report. I release any person, organization or company from any and all liability, claims or damages that may directly or indirectly result from the disclosure or use of any information about me is revealed or

obtained as part of the review of this application. I certify that I have carefully read and understand the above statements. A copy of this signed release may be relied upon in lieu of the original.

Signature: _____ **Date:** _____

ACKNOWLEDGEMENT OF INHERENT RISK/ WAIVER AND RELEASE

I ACKNOWLEDGE AND UNDERSTAND THERE ARE INHERENT RISKS ASSOCIATED WITH MANY EVENT ACTIVITIES. I WILL ASSUME THE RISK ASSOCIATED THEREWITH, WHETHER KNOWN OR UNKNOWN TO MYSELF AT THIS TIME. I RECOGNIZE THAT MY ATTENDANCE AT A FOURSQUARE CHURCH EVENT IS A PRIVILEGE, AND AS A CONSIDERATION FOR THIS PRIVILEGE, I RELEASE THE FOURSQUARE CHURCH, INCLUDING ITS EMPLOYEES, AGENTS REPRESENTATIVES AND VOLUNTEERS, FROM RESPONSIBILITY FOR MY ACCIDENTAL PHYSICAL INJURY, INCLUDING DEATH OR ILLNESS, AND LOSS OF PERSONAL PROPERTY WHILE AT THIS EVENT OR DURING FOURSQUARE CHURCH SPONSORED TRAVEL TO AND FROM THIS EVENT. THIS RELEASE IS ALSO INTENDED TO INCLUDE ALL CLAIMS MADE BY MINE AND MY FAMILY, ESTATE, HEIRS, PERSONAL REPRESENTATIVE OR ASSIGNS.

INDEMNIFICATION

BY SIGNING BELOW, I AGREE TO INDEMNIFY, DEFEND AND HOLD THE FOURSQUARE CHURCH HARMLESS FROM ANY CLAIM ASSERTED BY MYSELF AGAINST THE FOURSQUARE CHURCH, INCLUDING ITS EMPLOYEES, AGENTS, REPRESENTATIVES AND VOLUNTEERS.

PHOTO RELEASE

I HEREBY GRANT PERMISSION TO THE FOURSQUARE CHURCH THE RIGHT TO USE, REPRODUCE, AND/OR DISTRIBUTE PHOTOGRAPHS, FILMS, VIDEOTAPES, AND SOUND RECORDINGS OF MYSELF, WITHOUT COMPENSATION OR APPROVAL RIGHTS, FOR USE IN MATERIALS CREATED FOR THE PURPOSES OF PROMOTING THE ACTIVITIES OF THE FOURSQUARE CHURCH.

Signature: _____ **Date:** _____