



YEARLY PARTICIPATION AGREEMENT FORM FOR THE EDGE STUDENT MINISTRIES

(PART OF HARBORVIEW FELLOWSHIP - 4819 HUNT ST. NW, GIG HARBOR, WA)

Date Range June 1, 2016 – July 1 2017

PERMISSION TO PARTICIPATE (INCLUDING PHOTO AND MEDICAL RELEASE):

Participant Name: _____
Birthdate: _____ Grade: _____ School Attending: _____
Mobile: _____ Email: _____
Address: _____
Shirt Size: (please circle) Youth Size: YS YM YL YXL Adult Size: S M L XL 2X 3X 4X

Parent/Guardian's Name: _____
Father: _____ Mother: _____
Father's Mobile: _____ Mother's Mobile: _____
Father's Email: _____ Mother's Email: _____
Home Phone: _____
Home Address: _____

Name of Emergency Contact: _____ Emergency Contact Mobile: _____
Our Pediatrician is _____ of _____ (City/Clinic)
Doctor/Clinic Phone Number: _____
List Allergies or Medical Conditions: _____

Is THE EDGE Authorized to Approve Medical Treatment? Yes No
Is Participant Covered by Personal/Family Medical Insurance? Yes No
If yes, Name of Insurer: _____
Insured Under: _____ (Parent/Guardian Name)
Policy or group number: _____

I acknowledge that participation in THE EDGE Student Ministries, part of Harborview Fellowship, (referred to hereinafter as the "Sponsor") involves risk to the Participant (and to Participant's parents or guardians, if Participant is a minor), and I willingly agree, and/or authorize my child, to participate with the Sponsor and it's staff and volunteers or any other representatives (collectively referred to hereinafter as the "Activity Sponsors"). This would include but not be limited to involvement in retreats and weekly ministry events including the traveling to and from off-site attractions and/or events by car with the Activity Sponsors. Activities may include but not be limited to: physical indoor and outdoor sports, activities, games, adventures; water sports and activities; campfires, eating and other associated activities. By signing this form, I also give the Sponsor permission to use the participants name and image/likeness – that they have collected by means of digital or film photography, video, audio recording, or other documentation methods – in any of their publications, in publicity or advertising, on their website, social media, or in any other print, electronic, or digital medium. Furthermore, I certify that the medical information given is correct and that the Activity Sponsors have permission to seek any emergency medical treatment deemed necessary for the participant. This includes but is not limited to, administration of medication, anesthesia, emergency surgery, or hospitalization. I agree to assume complete financial responsibility for all medical bills incurred. I agree to assume total financial responsibility to travel home immediately if it is necessary for medical or any other emergency reasons.

Participant's Signature Date

Parent/Guardian's Signature (if the participant is under 19) Date



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FOR THE EDGE STUDENT MINISTRIES

(PART OF HARBORVIEW FELLOWSHIP - 4819 HUNT ST. NW, GIG HARBOR, WA)

Date Range June 1, 2016 – July 1 2017

ASSUMPTION OF RISK AND INDEMNITY AGREEMENT:

In consideration of being permitted to attend and participate in THE EDGE Student Ministries (Part of Harborview Fellowship) (including, without limiting the generality of the foregoing, traveling to and from the destination) (collectively, the "Event"),

THE UNDERSIGNED, for him- or her-self, his or her personal representatives, heirs, and next of kin:

1. Acknowledges, agrees, and represents that he or she has or will immediately upon entering any area connected to the Event, and will continuously thereafter, inspect the area which he or she enters and he or she further agrees and warrants that, if at any time, he or she is in or about such an area and feels anything to be unsafe, he or she will immediately advise the leaders of the Event of such and will leave the area and/or refuse to participate further in the Event. Further, the undersigned understands that all attendees will have the choice and opportunity to participate in numerous potentially dangerous activities including, but not limited to: *physical indoor and outdoor sports, activities, games, adventures; water sports and activities; eating, campfires and other associated activities.*

2. **HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE** the leaders or officials of Harborview Fellowship, the other attendees, consultants and others who give recommendations, directions, or instructions or engage in risk evaluation or loss control activities regarding the premises or the Event and each of them, their directors, officers, agents, and employees, (all for the purposes herein referred to as "Releases") **FROM ALL LIABILITY TO THE UNDERSIGNED**, his or her personal representatives, assigns, heirs, and next of kin **FOR ANY AND ALL LOSS OR DAMAGE, AND ANY CLAIM OR DEMANDS THEREFORE ON ACCOUNT OF INJURY TO THE PERSON OR PROPERTY OR RESULTING IN THE DEATH OF THE UNDERSIGNED ARISING OUT OF OR RELATING TO THE EVENT, WHETHER CAUSED BY THE NEGLIGENCE (WHETHER SIMPLE OR GROSS) OF THE Releases OR OTHERWISE.**

3. **HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS** the Releases and each of them **FROM ANY LOSS, LIABILITY, DAMAGE, OR COSTS** they may incur arising out of or related to the Event **WHETHER CAUSED BY THE NEGLIGENCE (WHETHER SIMPLE OR GROSS) OF THE Releases OR OTHERWISE.**

4. **HEREBY ASSUMES FULL RESPONSIBILITY FOR ALL RISK OF SICKNESS, BODILY INJURY, DEATH, EMOTIONAL INJURY, PERSONAL INJURY, PROPERTY DAMAGE AND/OR FINANCIAL DAMAGE** arising out of or related to the Event whether caused by the **NEGLIGENCE (WHETHER SIMPLE OR GROSS) OF the Releases or otherwise.**

5. **HEREBY acknowledges that THE ACTIVITIES OF THE Event MAY BE DANGEROUS and involve the risk of serious injury and/or death and/or property damage. The UNDERSIGNED also expressly acknowledges that INJURIES RECEIVED MAY BE COMPOUNDED OR INCREASED BY NEGLIGENT (WHETHER SIMPLE OR GROSS) RESCUE OPERATIONS OR PROCEDURES OF THE Releases.**

6. **HEREBY agrees that this Release and Waiver of Liability, Assumption of Risk and Indemnity Agreement extends to all acts or negligence (WHETHER SIMPLE OR GROSS) by the Releases, INCLUDING NEGLIGENT (WHETHER SIMPLE OR GROSS) RESCUE OPERATIONS and is intended to be as broad and inclusive as is permitted by the laws of the State in which the Event is conducted and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.**

7. **I HAVE READ THIS RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP ESSENTIAL LEGAL RIGHTS BY SIGNING IT, AND HAVE SIGNED IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT, ASSURANCE, OR GUARANTEE BEING MADE TO AND INTEND MY SIGNATURE TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.** I understand that I am not required by law to sign this Release, that I am permitted to participate in the Event only because I have agreed to sign it, and that the Releases are relying on my signing it in allowing me to participate in the Event.

BY SIGNING THIS DOCUMENT YOU ARE GIVING UP YOUR RIGHT TO SUE. If the person to whom this Waiver applies is under 19 years old then a parent or legal guardian must sign this form. **BY SIGNING THIS DOCUMENT YOU ARE GIVING UP BOTH YOUR RIGHT TO SUE, AND YOUR CHILD'S RIGHT TO SUE.**

Participant Name (Printed) _____ Participant Signature _____

Parent/Guardian Name (Printed) _____

Parent/Guardian Signature _____ (On behalf of marital community)

Date _____ Relationship to Participant _____