

Release and Waiver of Liability

THIS RELEASE AND WAIVER OF LIABILITY (“Release”) for _____, the **Participant**, in favor of The Source Youth Ministry, Faith Is The Victory Church, Nashville and/or Mt. Juliet, Tennessee, their ministers, chaperones, volunteers, and employees. The Participant and/or Guardian desire that the Participant participate in the activities of The Source Youth Ministry. The Participant and/or Guardian understand that the activities may include being transported to and from various locations during activities, consuming food, and being involved in various activities where bodily harm or injury has been known to happen, such as (but not limited to) amusement parks, water activities, field competitions, etc.

The Participant and/or Guardian do hereby freely, voluntarily, and without duress execute this Release under the following terms **for the above named participant, which covers ALL youth activities and events that the participant may attend or be involved with (incl. camps/retreats, etc.):** _____ (parent initial)

1. Waiver and Release. Participant and/or Guardian do hereby release and forever discharge and hold harmless The Source Youth Ministry, Faith Is The Victory Church, Nashville and/or Mt. Juliet, Tennessee, their ministers, chaperones, volunteers, employees, any owner/manager of any place of business or home or property where the activity takes place, and their successors and assigns from any and all liability, claims, and demands of whatever kind of nature, either in law or in equity, which arise or may hereafter arise from Participant’s participation in activities/events in connection with The Source Youth Ministry, Faith Is The Victory Church, Nashville or Mt. Juliet, Tennessee.

Participant and/or Guardian understand that this Release discharges The Source Youth Ministry, Faith Is The Victory Church, Nashville and/or Mt. Juliet, Tennessee, their ministers, chaperones, volunteers, employees, and any owner/manager of any place of business or home or property where the activity takes place, with respect to bodily injury, personal injury, illness, death, or property damage that may result from Participant’s participation in The Source Youth activities. Participant and Guardian also understand that The Source Youth Ministry, Faith Is The Victory Church, Nashville and/or Mt. Juliet, Tennessee, their ministers, chaperones, volunteers, employees, any owner/manager of any place of business or home or property where the activity takes place, does not assume any responsibility for or obligation to provide financial assistance or other assistance including but not limited to medical, health, or disability insurance.

2. Medical Treatment. Participant and Guardian do hereby release and forever discharge The Source Youth Ministry, Faith Is The Victory Church, Nashville and/or Mt. Juliet, Tennessee, their ministers, chaperones, volunteers, employees, any owner/manager of any place of business or home or property where the activity takes place, from any claim whatsoever which arises or may hereafter arise on account of any first aide treatment or service rendered in connection with the Participant’s participation in The Source Youth activities or with the decision by any representative or volunteer of The Source Youth Ministry, Faith Is The Victory Church, Nashville and/or Mt. Juliet, Tennessee to exercise the power to consent to medical or dental treatment as such power may be granted and authorized in the Parental Authorization for Treatment of a Minor Child.

3. Assumption of the Risk. The Participant and Guardian understand that the activities that may be hazardous to the Participant and that the food, accommodations, and medical facilities may be donated to the The Source Youth Ministry, Faith Is The Victory Church, Nashville and/or Mt. Juliet, Tennessee and beyond their control.

4. Insurance. The Participant and Guardian understand that The Source Youth Ministry, Faith Is The Victory Church, Nashville and/or Mt. Juliet, Tennessee, does not carry or maintain health; medical or disability insurance coverage for any Participant.

Each Participant is expected to arrive with medical or health coverage in effect or you MUST assume ALL costs if medical assistance is needed.

5. **Other.** Participant and Guardian expressly agree that this Release is intended to be as broad and inclusive as permitted by the law of the State of Tennessee, as well as any state where an activity may occur, and that the Release shall be governed by and interpreted in accordance with the laws of the State of Tennessee. Participant and Guardian agree that in the event that any clause or provision of this Release shall be held to be invalid by any court of competent jurisdiction the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release which shall continue to be enforceable.

Participant and Parent/Guardian have executed this Release as of the day and year first above written.

Participant: _____ **Parent/Guardian:** _____
(Must be signed by participant) (Must be signed if Participant is under the age of 18 years)

Address: _____ City: _____ State: _____ Zip Code: _____

Participant's Birth Date: ___/___/___ Medical Insurance: YES NO

Insurance Company: _____ Policy Number: _____

Name of Policy Holder: _____

Parental Authorization for Treatment of a Minor Child

In the event of illness or injury, I authorize the physician and/or hospital to undertake such treatment of and perform such services for the youth as are reasonably indicated by the circumstances.

Signature of Parent or Guardian Date

Home Phone Cell Phone(s) Other

In case we are unable to contact the Parent or Guardian in an emergency, whom should we contact next?

Name Relationship Phone

.....
THIS FORM MUST BE NOTARIZED IN THE PRESENCE OF A NOTARY PUBLIC.

STATE OF TENNESSEE

On this _____ day of _____, 20 _____, before me personally appeared the above stated Participant or Parent/Guardian (if a minor), to me known to be the person (or persons) described in and who executed the foregoing instrument, and acknowledged that such person (or persons) executed the same as such person (or person's) free act and deed.

Notary Public: _____

SEAL:

Commission Expires: _____