



Adult Participant Waiver, Release, Indemnification of All Claims & Covenant Not to Sue

NOTICE: THIS IS A LEGALLY BINDING AGREEMENT. Read this document carefully and in entirety. By signing this agreement, you give up your right to bring a court action to recover compensation or obtain any other remedy for any personal injury or property damage however caused arising out of your participation in any Christ United Methodist Church ("Christ United") programs, now or at any time in the future.

Acknowledgment of Risk

I hereby acknowledge and agree that participation in Christ United activities and programs comes with inherent risks. I have full knowledge and understanding of the inherent risks associated with Christ United activity/program participation, including but in no way limited to: (1) slips, trips, and falls, (2) aquatic injuries, (3) athletic injuries, and (4) illness, including exposure to and infection with viruses or bacteria. I further acknowledge that the preceding list is not inclusive of all possible risks associated with Christ United activity/program participation and that said list in no way limits the operation of this Agreement.

Coronavirus / COVID-19 Warning & Disclaimer

Coronavirus, COVID-19 is an **extremely contagious** virus that spreads easily through person-to-person contact. Federal and state authorities recommend social distancing as a mean to prevent the spread of the virus. **COVID-19 can lead to severe illness, personal injury, permanent disability, and death. Participating in Christ United activities/programs or accessing Christ United facilities could increase the risk of contracting COVID-19.** Christ United in no way warrants that COVID-19 infection will not occur through participation in Christ United activities/programs or accessing Christ United facilities.

Waiver, Release, Indemnification & Covenant Not to Sue

In consideration of my participation in Christ United activities/programs, I, _____, the undersigned participant, agree to release and on behalf of myself, my heirs, representatives, executors, administrators, and assigns, HEREBY DO RELEASE Christ United its officers, directors, employees, volunteers, agents, representatives and insurers ("Releasees") from any causes of action, claims, or demands of any nature whatsoever, which I, my heirs, representatives, executors, administrators and assigns may have, now or in the future, against Christ United on account of personal injury, property damage, death or accident of any kind, arising out of or in any way related to the use of Christ United facilities/equipment or participation in Christ United activities/programs whether that participation is supervised or unsupervised.

In consideration of my participation in Christ United activities/programs I, the undersigned participant, agree to INDEMNIFY AND HOLD HARMLESS Releasees from any and all causes of action, claims, demands, losses, or costs of any nature whatsoever arising out of or in any way related to my Christ United activities/programs participation.

Initial

Initial

I hereby certify that I have full knowledge of the nature and extent of the risks inherent in Christ United activities/programs participation and that I am voluntarily assuming said risks. I understand that I will be solely responsible for any loss or damage, including personal injury, property damage, or death, I sustain while participating in Christ United activities/programs and that by signing this agreement I HEREBY RELEASE Releasees from all liability for such loss, damage, or death. I further certify that I am in good health and that I have no conditions or impairments which would preclude my safe participation in Christ United activities/programs.

I further certify that my date of birth is _____ (MM/DD/YYYY), that my present age is _____, and that I am therefore of lawful age and otherwise legally competent to sign this agreement. I further understand that the terms of this agreement are legally binding and certify that I am signing this agreement, after having carefully read it, of my own free will.

IN WITNESS WHEREOF, this instrument is duly executed this _____ day of _____, in the year _____.

Participant Name (Print Clearly)

Participant Signature

Photo and Other Media Release and Waiver

Photographs of children and adults who attend programs and activities at Christ United Methodist Church ("CUMC") are occasionally included in publicity, publications, and/or public relations activities. Participation in said events and activities is dependent upon acceptance of this form.

This form indicates approval for the participant's photographs, artwork, written works, video and audio recordings, likenesses, profiles and/or stories (the "media") to appear in CUMC publications, web pages and other promotional and/or newsworthy materials, whether now known or hereafter existing, produced, used by and/or representing CUMC. Photographs and articles will not identify children by name. The media may be used in perpetuity.

Participant releases to CUMC and hereby gives CUMC specific permission to publish, copyright, distribute and/or display the participant's photographs, artwork, written works, video and audio recordings, likenesses, profiles and/or stories in publications, web pages and other promotional/publicity related materials produced, used by and representing CUMC. Participant further releases CUMC from any and all liability by virtue of distortion, blurring, alteration, optical illusion and/or use in composite form, whether the same is intentional or otherwise.

Participant understands and agrees that: 1) No monetary consideration shall be paid to participant. 2) This agreement is binding upon participant's successors, assigns, heirs and for future legal representatives. 3) The media may be used in perpetuity.

Participant Name (Print Clearly)

Participant Signature

Today's Date / /

Adult Medical Release

I, _____, authorize the Christ United Methodist Church adult leader, if I am unable to do so, to consent to any necessary examination, anesthetic, medical diagnosis, surgery, or treatment and/or hospital care rendered to me under the general or special supervision and on the advice of any physician or surgeon licensed to practice medicine by the state or country in which they practice, during any church sponsored event.

Note: All applicants must provide the following information.

Emergency Contact Person's Name (family): _____

Relation to You: _____ Emergency Contact Person's Cell: _____

Medical insurance provider: _____

Insurance Provider's Phone: _____ Policy number: _____

Participant's physician: _____ Phone: _____

Allergies, medications, and major health problems (only if involves risks):

Participant Name (Print Clearly)

Participant Signature