

PARTICIPANT'S NAME – PLEASE PRINT: _____

**WAIVER AND RELEASE OF LIABILITY
OAKDALE EMORY UNITED METHODIST CHURCH
AND MEDICAL/HEALTH INSURANCE RELEASE**

A permission slip must be submitted for any individual participating in a church activity, trip, or event that takes place away from the church.

NAME OF EVENT/PROJECT: _____

DATE OF EVENT/PROJECT: _____

I hereby certify that I am in good physical and mental health at this time, and wish to participate in the above event/activity. I understand that my participation may result in an unexpected illness or injury, due to accidents, forces of nature, or other unforeseeable events. Such illnesses or injuries could include diseases, strains, sprains, fractures, dislocations, and/or death. These injuries (if incurred) could cause permanent disabilities. I realize that there are certain risks arising from this activity, and I am willing to assume such risks.

I, on behalf of myself, my personal representatives, heirs, assigns, and/or designees hereby agree to release, hold harmless, and indemnify the Trustees, Oakdale Emory United Methodist Church, and/or its agents, officers, and employees from any and all claims of suits for bodily injury, medical expenses, property damage, wrongful participation in this Church event or project, whether or not such claims or suits arise from the negligent acts by the organizers of this activity, their employees, volunteers, other participants, or any other person.

I authorize the church to release any medical information on my behalf. My health insurance company is as follows:

Name of Health Insurance Company

Insurance ID Number

I HAVE READ THIS WAIVER AND RELEASE. I UNDERSTAND THAT I HAVE GIVEN UP MY RIGHTS TO FILE A CLAIM AGAINST THE CHURCH, AND I AM SIGNING THIS WAIVER VOLUNTARILY.

Participant's Signature

Date

SIGNATURE OF PARENT IS REQUIRED IF PARTICIPANT IS UNDER THE AGE OF 18 YEARS

Parent Signature

Child's Date of Birth (if minor)

Emergency Contact(s): _____

Home Telephone: _____

Cell Phone(s): _____
(Father) (Mother)

PLEASE SIGN THE COVENANT OF CONDUCT ON BACK OF THIS FORM

COVENANT OF CONDUCT

In all meetings, retreats, or other events under the sponsorship and/or guidance of Oakdale Emory United Methodist Church, I am a representative of that Christian community, and I am responsible for my actions. I understand and agree to follow these guidelines:

- 1. The possession or use of alcoholic beverages or other unprescribed drugs shall be prohibited.**
- 2. All conduct and language shall be in keeping with the highest Christian regard and respect for all persons.**
- 3. All individuals shall be expected to participate in group activities.**
- 4. No individual shall go off by him/herself.**
- 5. All dress shall be in good taste.**
- 6. The area used for the meeting, retreat, or other event shall be left clean.**
- 7. All rules and expectations of the leaders and of the group shall be followed.**
- 8. If I cannot follow these guidelines, I understand that my parents shall be called to come and take me home.**
- 9. I will NOT bring food, candy, gum, or drinks on this trip unless requested to do so by the adult leaders.**

To Be Signed by Youth/Child

I, _____, have read and understand the Covenant of Conduct as stated above. To the best of my ability, I agree to abide by it.

Please Print Your Name Here: _____