

International Community Church Of God
Individual Trip / Event
Waiver, Release, and Authorization to seek medical assistance

Name of event: _____

Date of event: _____

Event Destination: _____

Person in charge: _____

List chaperones: _____

List individual activities at event: _____

Parents / Legal Guardians may choose to not let their child participate in any of above activities

We, the under-signed, minor and Parent / Legal Guardian hereby voluntarily express and affirmatively execute this Waiver, Release and Authorization to seek medical assistance in consideration of “Name of minor: _____” being allowed to participate in above event and associated activities. We recognize that there are many risks of injury, including serious disabling injuries, that may arise due to participation in any and all of the above activities and that it is not possible to specifically list each and every individual risk. However, knowing that material risks and other injuries and even death are a possibility, we hereby voluntarily and expressly assume all of the associated risks of injury and even death which could occur by reason of participation in the above activities.

We hereby covenant not to sue and also release, waive, discharge ICC Church Of God , the Church of God Organization, their officers, or employees / representatives (Herein referred to as Releasees) from any and all liability, claims, demands, actions and damage or injury including death, that may be sustained by me, or which may result from emergency medical treatment sought as a result of said participation in above event and activities. We further hereby agree to indemnify and hold harmless the Releasees from any loss, liability, damage or cost including medical bills, court costs and attorney’s fees, that may occur due to participation in said functions and activities, whether caused by Releasees unintended negligence or otherwise. We subjectively understand the risk of my participation in the above event and activities, and knowing and appreciating these risks of my participation.

I _____ (Participant’s Parent / Guardian) further state that I am participant’s parent or legal guardian and am fully competent to sign this Waiver / Release and Authorization. We expressly intend for myself, for the participant, and for the participant’s family, estate, heirs, administrators, personal representatives, or assigns to be bound by this document, and it shall be deemed as a release, waiver, discharge and covenant not to sue the above-named Releasees. This document shall be kept on file and remain in effect for above event only. This release shall be constructed in accordance with the laws of the State of Maryland.

We have had the opportunity to ask questions and questions have been satisfactorily answered.

Parent / Guardian of participating minor: _____ Date: ____ / ____ / ____