



Participant (Print Name): \_\_\_\_\_

**Waiver of Liability, Assumption of Risk, and Indemnity Agreement**

**Waiver:** In consideration of permission to use, today and on all future dates, the property, facilities, staff, equipment, and services of Eagle's Landing First Baptist Church and Christian Academy, **I**, for myself, my heirs, personal representatives or assigns, **do hereby release, waive, discharge, and covenant not to sue** Eagle's Landing First Baptist Church and Christian Academy, their directors, officers, employees, volunteers, and agents from liability **from any and all claims including their negligence or the negligence of** Eagle's Landing First Baptist Church and Christian Academy resulting in personal injury, accidents, or illnesses (including death), theft, damage, and/or property loss arising from, but not limited to, participation in activities, transportation, field trips, classes, observation, sports, athletics, exercise, and use of facilities, premises, or equipment.

\_\_\_\_\_  
Signature of Parent/Guardian of Minor                      Date                      Signature of User                      Date

**Assumption of Risks:** Physical activity, by its very nature, carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. Eagle's Landing First Baptist Church and Christian Academy has facilities for and provides for a wide range of activities from teaching or presenting in a classroom to speaking or performing onstage to such strenuous activities as weightlifting, running, aerobic activities, classes, and multiple sporting activities. Some of these involve strenuous exertions of strength using various muscle groups, some involve quick movements involving speed and change of direction, and others involve sustained physical activity that places stress on the cardiovascular system.

The specific risks vary from one activity to another, but the risks range from 1) minor injuries such as scratches, bruises, and sprains 2) major injuries such as eye injury or loss of sight, joint, bone, or back injuries, heart attacks, and concussions 3) catastrophic injuries including paralysis and death.

**I have read the previous paragraphs and I acknowledge, understand, and appreciate these and other risks that are inherent** in the activities made possible by Eagle's Landing First Baptist Church and Christian Academy. I hereby **assert that my participation is voluntary and that I knowingly assume all such risks.**

**Indemnification and Hold Harmless:** I also agree to INDEMNIFY AND HOLD Eagle's Landing First Baptist Church and Christian Academy and their directors, officers, employees, volunteers, and agents HARMLESS from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney's fees brought as a result of my involvement at Eagle's Landing First Baptist Church and Christian Academy or any of their ministries or activities, on campus or off-campus, and to reimburse them for any such expenses incurred.

**Severability:** The undersigned further expressly agrees that the foregoing waiver and assumption of risks agreement is intended to be as broad and inclusive as is permitted by the law of the State of Georgia and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

**Acknowledgment of Understanding:** I have read this waiver of liability, assumption of risk, and indemnity agreement. I fully understand its terms and **understand that I am giving up substantial rights, including my right to sue.** I acknowledge that I am signing the agreement freely and voluntarily, and **intend by my signature to grant a complete and unconditional release of all liability** to the greatest extent allowed by law.

\_\_\_\_\_  
Signature of Parent/Guardian of Minor                      Date                      Signature of User                      Date  
Participant's Age (if minor) \_\_\_\_\_

# PERMISSION TO GET MEDICAL CARE

Name \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Parent's Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Alternate Name/Number in Case of Emergency \_\_\_\_\_

Permission to give: Asprin Tylenol Advil Tums Benadryl (Circle all that apply)

Allergies: \_\_\_\_\_

Medical Conditions \_\_\_\_\_

Medicines to be Given & Dosage \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Special Instructions/Information \_\_\_\_\_

\_\_\_\_\_

Insurance Company \_\_\_\_\_

Policy # \_\_\_\_\_ Group # \_\_\_\_\_

The undersigned hereby grants Eagles Landing First Baptist the power and authority to take whatever action is necessary for the protection of the above named person in the case of an emergency, including but not limiting to the obtaining of medical or hospital care. My insurance carrier or I will pay such benefit taken for the benefit of the said person. The undersigned hereby releases Eagles Landing First Baptist, and its employees, agents, or other individuals working with Eagles Landing First Baptist's programs from claims, action, or suit, which may be brought as a result of the actions taken to meet the needs of the above said person.

Parent Signature \_\_\_\_\_ Date: \_\_\_\_\_

Notary: \_\_\_\_\_

Notary Signature \_\_\_\_\_ Date \_\_\_\_\_