



# EVERGREEN

F W B C H U R C H

LOVE | CONNECT | SERVE

## Evergreen FWB Church Activity Release Form

I consent for me and/or my child to participate in **all events** sponsored by Evergreen Free Will Baptist Church. I understand that these activities and the facilities where they are conducted involve some inherent risks. Nevertheless, I want myself (and any listed child) to have the opportunity to participate in the activities sponsored by the Church, and this Activity Release is given in exchange for that opportunity.

Waiver, Release, and Indemnification - I, individually, and in my capacity as parent, guardian, or next friend of any listed child, waive, release, indemnify, and promise not to sue the Church and all of its constituent organizations, ages, ministers, employees, and volunteers (collectively "Released Parties") from all demands, claims, or liability, in law or in equity, **including the Released Parties' own negligence**, that have arisen or may arise from this activity, including travel associated with this activity, and that involve any damage, loss, or injury to me, my spouse, any listed child, my property, my spouse's property, or the property of any listed child. **I fully assume the risk associated with participating in this activity.** This waiver, release, indemnification, and promise not to sue does not apply to claims of criminal conduct, gross negligence, or intentional acts.

Medical - In case of medical need or injury, I understand that the Church will make every reasonable effort to contact me (in the case of an injury to my child) or my emergency contact. In the event that I or my emergency backup contact cannot be reached, I authorize the Church to arrange for medical services for me or for any listed child. I will be responsible for any medical and related expenses for me or such child. **Any provider of care can rely on this consent as authority to treat me or such child as appropriate and to bill me directly for the cost thereof.** I understand that the Church will hold any medication for my child until needed for scheduled, at which time it is my or such child's responsibility to inform the staff that the medication is needed. **I agree that I am responsible for communicating any relevant medical conditions pertaining to me or my child to Church staff using the comments section of the form.**

Photographs - I understand that church may take photographs of me or a listed child in the course of its activities, and I grant the Church permission to publish such photographs in a manner the Church deems appropriate.

To revoke this agreement, I must notify the Church in writing in advance of the event.

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