

Liability Waiver / Release and Medical Authorization

We, the undersigned parents or legal guardian of _____ (hereinafter "Participant"), hereby give permission for our above-named son/daughter/ward, to participate in the Wellington Bible Church 2016-2017 STUDENT MINISTRY PROGRAM, which may include transportation to and from any location at which the program participates in events, including but not limited to Wellington Bible Church facilities, homes, recreation areas, and other venues (hereinafter the "Events"). We expressly understand that these Events can involve activities with which certain risks are associated, including but not limited to, swimming and other water related activities, amusement park activities and rides, indoor and outdoor games.

In consideration of the benefits derived from participation in the Events, and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, we, on behalf of ourselves, and on behalf of our son daughter/ward, do hereby release, forever discharge, and agree to hold harmless Wellington Bible Church, its officers, pastors, employees, elders, members, volunteers, agents and representatives, from any and all liability, claims, demands, losses, actions, or causes of action, of any kind or nature, relating to the Events. We agree to fully indemnify Wellington Bible Church for any such claims brought by us or a third party relating to Participant's participation in the Events, including but not limited to attorneys' fees and expenses.

Should it be necessary for Participant to receive medical attention or treatment while participating in any of the Events, Wellington Bible Church is authorized to take whatever steps are reasonably necessary to attend to Participant's needs, and we will be responsible for all expenses incurred as a result thereof. By signing below, we acknowledge that we have read and understand the terms of this release and authorization, that we understand the inherent risks associated with participation in the Events, and that we are aware this document is legally binding and enforceable.

_____ Signature of Parent or Legal Guardian	_____ Print Name of Parent or Guardian	_____ Date
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_____ Emergency Contact	_____ Emergency Number
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_____ Signature of Parent or Legal Guardian	_____ Print Name of Parent or Guardian	_____ Date
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_____ Emergency Contact	_____ Emergency Number
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Please provide any pertinent allergy or medical information relating to Participant and attach Health Insurance Card (Front and Back)