



## Waiver and Release

Date: \_\_\_\_\_ (mm/dd/yyyy)

Name of Participant: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Medical Insurance Carrier: \_\_\_\_\_ Policy # \_\_\_\_\_

Physician Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact:

Primary: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

E-mail: \_\_\_\_\_ Relationship: \_\_\_\_\_

Secondary: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

E-mail: \_\_\_\_\_ Relationship: \_\_\_\_\_

Please list any medical allergies, medications being taken, medical problems, or other pertinent information.

I, the Releasor, being of lawful age, in consideration of myself and/or minor being permitted to **participate in the Isle of Faith Youth Ministry activities on and off site**, and run and/or operated by the Releasee, WAIVE, RELEASE, and DISCHARGE the Releasee, its owners, officers, directors, employees, members, agents, assigns, legal representatives and successors, and all business associates and partners involved in the presentation of the above noted activities and each of them their owners, officers and employees, from all liability for or by reason of any damage, loss or injury to person and property, even injury resulting in the death of the Releasor/Minor, which has been or may be sustained in consequence of the Releasor's participation in the activities described above, and notwithstanding that such damage, loss or injury may have been caused solely or partly by the negligence of the Releasee, effective for 1 year of signed date.

I acknowledge that during the course of the activities, photographs will be taken that may or may not be used in church publications and websites.

I hereby acknowledge and agree that I have carefully read this Waiver and Release agreement, that I fully understand same, and that I am freely and voluntarily executing same.

By signing this release I will be forever prevented from suing or otherwise claiming against the Releasee for any property loss or personal injury that I may sustain while participating in or preparing for the above noted activities.

I have been given the opportunity and have been encouraged to seek independent legal advice prior to signing this Waiver and Release agreement.

I understand that I/the minor would not be permitted to participate in the above noted activities unless I signed this Waiver and Release agreement.

I understand that this Waiver and Release agreement is binding on me, my spouse, my heirs, my executors, administrators, personal representatives, and assigns.

I acknowledge that I/the minor do/does not have any physical limitations, medical ailments, physical or mental disabilities that would limit or prevent me from participating in the above mentioned activities, and, if required, will obtain a medical examination and clearance.

I understand that, in the event medical treatment is required, every effort will be made to contact me/releasor if the participant is a minor. However, if I cannot be reached, I give permission to IOFX Student Ministries or an adult sponsor to secure the services of a licensed physician to provide the care necessary, including anesthesia, for my child's well-being.

This release contains the entire agreement between the parties to this release and the terms of this release are contractual and not a mere recital.

This Waiver and Release Agreement will be construed in accordance with and governed by the laws of the State of Florida, and it is acknowledged by the Releasor to be as broad and inclusive as permitted by the laws of this jurisdiction.

**I HAVE READ AND UNDERSTAND THIS AGREEMENT, AND I AM AWARE THAT BY SIGNING THIS AGREEMENT I AM WAIVING CERTAIN LEGAL RIGHTS WHICH I OR MY HEIRS, NEXT OF KIN, EXECUTORS, ADMINISTRATORS AND ASSIGNS MAY HAVE AGAINST THE RELEASEE(S).**

Notary Seal:

\_\_\_\_\_  
Releasor - Signature & date

\_\_\_\_\_  
Notary - Signature & date

\_\_\_\_\_  
Releasor - Printed Name

\_\_\_\_\_  
Where participant is under lawful age, Releasor is parent/legal guardian of \_\_\_\_\_ (minor).

Age: \_\_\_\_ Grade: \_\_\_\_ T-shirt size: \_\_\_\_ School: \_\_\_\_\_

I/Minor agree to participate in the activities, follow leader instructions and abide by ministry policies to the best of my abilities.

\_\_\_\_\_  
Minor - Signature & date

Releasee:  
IOFX Student Ministries  
Isle of Faith UMC  
1821 San Pablo Road. S.  
Jacksonville, FL 32224  
(904) 221-1700  
www.iofumc.org