**Central Presbyterian Church**

**70 Maple Street, Summit, NJ 07901**

**2019 YOUTH MISSION TRIP June 22 – 29, 2019**

Name of activity Date

**Waiver, Release and Indemnification Agreement**

I wish to participate in the activity listed above and offered by Central Presbyterian Church (Central), as

well as any and all associated activities including activities that may be hazardous or otherwise involve a

risk of physical injury, property damage, or death to the participants (the “Activities”).

I expressly assume any and all risks of injury, damage, or death arising from or relating to the Activities and

waive and release any and all actions, claims, suits or demands of any kind or nature whatsoever against

Central, its corporate affiliates, contractors, vendors, officers, agents, sponsors, volunteers or representatives of

any kind (collectively “Releasees”) arising from or relating in any way to my voluntary participation in these activities. I understand that this Waiver, Release and Indemnification agreement means, among other things,

that if I am injured or die as a result of my participation in these activities, I, and/or my family or heirs

cannot under any circumstances sue Releases or any of them for damages relating to or caused by my injuries

or death.

I also grant permission for any of the Releases to seek medical attention they deem necessary. I re- lease the

Releases from all liability for injury or personal loss caused by this attention. In the event that I am injured and

require the attention of a doctor, I consent to any reasonable medical treatment as deemed necessary by a

licensed physician. In the event treatment is required from a physician and/or hospital or medical personnel

designated of the Releases, I agree to hold them free and harmless of any claims, demands or suits for

damages. I also acknowledge that I will be ultimately responsible for the cost of any medical care should the

cost of that medical care not be reimbursed by the health insurance provider listed on this form (see reverse).

I agree to indemnify Releases or any of them, and their subrogees, if any, in the event of any loss, damage or claim arising from or relating in any way to my participation in any of the Activities.

I also hereby grant permission to Central the right to use, reproduce, and/or distribute photographs, films, video‐

tapes, and sound recordings of myself, without compensation or approval rights, for use in materials created for purposes of promoting Central, its programs and activities.

I have read this Waiver, Release and Indemnification Agreement, have asked and received answers to any

questions I had concerning its meaning and execute it freely, without duress, and in full complete understanding of its legal effect, and of the fact that it may affect my legal rights.

Date:

Signature:

Print Name:

**FOR PARTICIPANTS UNDER THE AGE OF 18**

I am the parent or legal guardian of the child whose name and signature appear above. I have

read and understand this Waiver, Release and Indemnification Agreement, and consent on behalf of the

Participant to all of its terms.

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Parent Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Waiver, Release and Indemnification Agreement**

Participant Name:

Age:

Date of Birth:

Grade:

Phone # (home):

Cell # (parent): \_\_\_\_\_

Address:

Medical Insurance Provider:

Policy #:

\* All participants must be insured. Please attach a copy of both sides of your insurance card. Please research your medical insurance policy and your personal coverage to be sure that coverage extends to cover the activities and locations described in this trip.

Mother’s Name:

Mother’s Work #:

Father’s Name:

Father’s Work #:

Alt. Emergency Contact:

Phone #:

Physician:

Phone #: \_\_\_\_\_

**Medical Information-**

1. Please describe in detail any physical, psychological or other impairment of which Central staff should be aware

and what protective action, if any, is required during this event: **None** □

2. Please list any medication the participant is taking now (or will be taking at the time of this event): **None** □

3. Please list anything to which the participant is allergic (e.g. food, drugs, pollen, etc.): **None** □

4. Please indicate whether the participant suffers from or has ever experienced any of the following: **None** □

asthma, diabetes, epilepsy/seizure disorder physical handicap, heart trouble, freq. stomach upset

5. Date of participant’s last tetanus shot **None** □

6. The participant wears: eyeglasses contact lenses **None** □

7. Please list and explain any major illnesses the participant experienced during the last year: **None** □

8. Please list and explain any other reasons the participant’s activities should be restricted: **None** □