

Emergency Medical Waiver/Liability Release Agreement Permission To Participate Form (UPDATED ANNUALLY)

James River Baptist Church, Williamsburg, Va 23188

4931 Centerville Rd. Williamsburg VA 23185

757 258-0303

I. Participant Information

Date: ___/___/___

Name: _____

Address: _____

Parent/Guardian Names: _____

Telephones (home): (_____) _____ (cell): (_____) _____

Participant/Guardian email: _____ Birth date: ___/___/___

Student email: _____ School/Church: _____

Emergency Contact ("ICE", Cell phone, other relative): _____

Experience: Swim: Y / N Sail: Y / N Paddle: Y / N 1st Aid: Y / N CPR: Y / N

II. Medical Information (please indicate "yes" or "no")

1. Allergies to: _____ 2. History of: _____ 3. Height: _____ Weight: _____

bee stings: _____ convulsions: _____

poison ivy: _____ fainting: _____ 4. Blood Type: _____ RH: + / -

sulfa: _____ asthma: _____

penicillin: _____ OTHER (explain): _____

alcohol: _____ concerns/issues: _____

OTHER: foods/nuts/animals/etc: _____

5. Medications taken regularly (name, dose, frequency):

6. Immunization history (most recent dates):

Tetanus or D/T: ___/___/___ Shingles: ___/___/___ COVID: ___/___/___

7. Hospitalization Insurance:

Name of Company: _____ Group No: _____

Phone: (_____) _____ Member No: _____

(Please Complete and Sign Reverse Side)

III. Permission for Emergency Medical Care

In the event of a medical emergency involving the me (+/or child) listed above and after reasonable attempts to contact me at _____(phone#s), or (other parent/guardian) at _____(phone#s) have not been successful, I hereby give permission for the pastors and/or volunteer lay leaders of the James River Baptist Church, or sponsoring church/organization to (1) arrange for the administration of any medical treatment deemed necessary by Dr. _____(preferred physician) at _____ (phone#), or Dr. _____(preferred dentist) at _____ (phone#), or in the event the designated practitioner(s) is/are not available, by another licensed physician or dentist; and (2) the transfer of myself +/or child to the offices of the designated practitioner(s) above, to another licensed physician or dentist or to _____, (preferred hospital) or to any other hospital that, in view of the nature of the emergency, is in the opinion of licensed medical and/or emergency personnel deemed to be reasonably accessible. This authorization does not cover major surgery unless the medical opinion of two licensed physicians or dentists concurring in the necessity for such surgery are obtained prior to the performance of such surgery. Facts concerning my / the child's medical history, including allergies, medications being taken, any medical conditions +/or physical impairments to which a physician should be alerted are as follows:

 _____, 202__

Signature of Parent/Guardian/Adult Participant

Date

PARENTS/GUARDIANS ARE RESPONSIBLE FOR CONTACTING JAMES RIVER BAPTIST CHURCH DIRECTLY or THE OFFICE WHEN AND IF THE DATA GIVEN ABOVE CHANGES FOR ANY REASON.

IV. Release from Liability Waiver / Permission to Photograph and Participate Agreement

I am fully aware of and understand that there are inherent dangers and risks associated with my (+/or child's) participation in the James River Baptist Church Programs or sponsoring church/host event, and all activities related to it, including but not limited to using the church's/host facilities and equipment and in traveling during the events or activities of the Program. On behalf of myself, +/or my child and/or in the event I am a participant in the Program myself, I assume those risks and take full legal responsibility for any injuries or damages that my child and/or I may suffer during the Program and all activities related to it, including but not limited to using the church's/host facilities and equipment and in traveling during the Program. I further give permission to use my quotes, pictures or videos bearing my likeness to be used in promotional activities by the church without claim or compensation on my behalf. I hereby fully and forever release the church/host, its employees, its sponsors and any volunteers staff participating in the Program and all activities related to it, from any and all claims, demands, damages, causes of action, suits or other legal actions, present or future, whether the same be known, anticipated or unanticipated, resulting from or arising from my child's and/or my participation in the Program and all activities related to it.

This release binds the undersigned and his or her heirs, representatives and assigns.

_____ for: _____
 Print name of Parent/Guardian/Adult Participant Print Name of Child

_____, 202__
 Signature of Parent/Guardian/Adult Participant Date

Release of Liability and Acknowledgment and Acceptance of Dangers, Risks & Hazards of Hunting, Fishing & Boating, Camp, Outdoor Classes, et.al.

KidsOutdoorZone (KOZ), Hunt Club, CenterShot, et.al.

By signing this agreement, I hereby acknowledge that I have knowingly and willingly entered an outdoor class, or become a party bound by the terms and conditions of a hunting or fishing or boating activity or camp or outing by and between, amongst others, (hunter, fisher, boater, camper, student, hereinafter the **Student**, whether one or more) and James River Baptist Church, and organizations and volunteers in partnership, et al.

(landowner/lease manager/instructor/owner/guide/leader/HTL), hereinafter the **Instructor**, whether one or more) dated _____, 20____.

I further acknowledge and understand that no warranty, either express or implied, is made by the Instructor to the Student as to the condition of the property (hereinafter the **property premises**) located in Virginia, the equipment, vehicles, or of any roads, buildings, gates or other improvements located thereon. This document serves to warn me that dangerous conditions, risks and hazards do exist. My presence and activities on the property premises expose both me and my property to dangerous conditions, risks and hazards, including but not limited to: poisonous snakes, insects and spiders; blinds and tree stands, whether or not erected by Instructor; erosion and general condition of the land, both on and off roadways or accesses, creating rough, hazardous and dangerous driving and walking conditions; animals both wild and domestic that may be diseased and/or potentially dangerous; deep water, fast water; persons with firearms both on or off the property premises; and the use of vehicles and other equipment. I hereby state that I expressly assume as well as allow my child to assume all such dangers, risks and hazards.

I allow any images, photos, video images, audio recording from these events to be used for marketing, advertising or any other purpose deemed necessary to promote or market, instruct or enhance the organizations listed above and their audience or groups or potential groups or audiences.

In consideration for the right to enter the property premises, I hereby release and agree to protect, indemnify and hold harmless the landowner, lease manager, instructor, owner, guide, leader and his or her respective heirs, agents, employees and assigns from and against any and all claims, demands, causes of action and damages, including attorneys' fees, resulting from any accident, incident or occurrence arising out of, incidental to or in any way resulting from the use of the land premises and all improvements thereon, instruction or event, whether or not caused by the Instructor negligence or gross negligence. This release applies during the time that I/they are/am permitted on the land premises.

I hereby further covenant and agree that I, my heirs, successors and assigns will not make any claim or institute any suit or action at law or in equity against the Instructor or his or her respective heirs, agents, representatives, employees, successors or assigns by reason of conditions of the land premises or activities occurring thereon.

I hereby further understand and agree to abide by all the rules, provisions and terms of this agreement as set forth by the Instructor, if any. It is understood that the Student will be in breach of this agreement in the event that the Student fails to follow those rules and terms as set forth in the attachment. I further agree to abide by all state game laws as set forth by the Virginia Parks & Wildlife Recreation Department. In addition to state game laws, Student agrees to abide by all local, state, and federal laws while on the land premises. As the Student/Parent/Guest/Instructor, I understand that failing to do so may void this agreement, and the agreement may then be cancelled at the sole discretion of the Manager. In that unlikely event, I further agree to forfeit any and all present and future claims in regards to the remaining term of the original agreement.

As used in this release, the terms I, my person and myself include minors in my care while on the leased premises.

Date and signed this ____ day of _____, 20____
(Date) (Month) (Year)

(Participant/ Guardian PRINTED NAME) (Participant/ Guardian SIGNATURE)

(Child/Minor PRINTED NAME) (Child/Minor SIGNATURE)

(Child/Minor PRINTED NAME) (Child/Minor SIGNATURE)

Notary Acknowledgement

On _____ 20____, before me, _____ personally appeared who proved to me on the basis of satisfactory evidence to the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument. I certify under PENALTY OF PERJURY under the laws of the State that the foregoing paragraph is true and correct. Witness my hand and official seal.

Notary Signature: _____ My commission expires: ____/____/____

Printed Name of Notary: _____

Of County _____ Of State

(Notary: Please affix seal here)