



ADULT CONSENT AND LIABILITY RELEASE FORM

(Revised: August 1, 2019)

Name of Sponsoring Organization: **Woodlake United Methodist Church**

Address: **15640 Hampton Park Drive, Chesterfield, VA 23832**

Phone: **804-739-4535**

WUMC Sponsored Activities: **September 1, 2019 – August 31, 2020**

PARTICIPANT INFORMATION

Name of Participant: _____

Address: _____

Email: _____

Name of Emergency Contact: _____

Phone Number of Emergency Contact: _____

List Allergies or Medical Conditions: _____

PARTICIPATION AGREEMENT

LIABILITY RELEASE: In consideration of Woodlake United Methodist Church (herein "WUMC") allowing me, the Participant, to participate in WUMC sponsored activities, I, the Participant do hereby waive, release, absolve, forever discharge and agree to hold harmless WUMC, its directors, officers, trustees, employees, volunteers, agents, contractors, successors, and assigns from any and all liability, claims, or demands for accidental personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever, which may be incurred by me while involved in WUMC sponsored activities.

Furthermore I, hereby assume all risk of accidental personal injury, sickness, death, damage, and expense as a result of participation in activities involved therein.

Further, authorization and permission is hereby given to WUMC to furnish any necessary transportation (within the limitations of church insurance and the law), food, and lodging for me. I further hereby agree to hold harmless and indemnify WUMC for any liability sustained by WUMC as the result of negligent, willful, or intentional acts by me including expenses incurred attendant thereto.

MEDICAL TREATMENT ADULT PARTICIPANT: In the event that I should require medical treatment and am not able to communicate my desires to attending physicians or other medical personnel, I hereby authorize an adult to consent to any treatment and hospital care under the general or special supervision and on the advice of any physician or dentist licensed under the provision of the Medical Practice Act on the medical staff of a licensed hospital or emergency care facility. The undersigned shall be liable and agrees to pay all costs and expenses incurred in connection with such medical and/or dental services rendered to the aforementioned participant pursuant to this authorization.

EARLY RETURN HOME POLICY: Should it be necessary for me to return home due to medical reasons, disciplinary action, or otherwise, I shall assume all transportation costs and responsibility.

TRANSPORTATION PERMISSION: I hereby agree to ride in any vehicle driven by an approved ADULT while attending and participating in activities sponsored by WUMC

If a dispute over this agreement or any claim for damages arises, I agree to resolve the matter through a mutually acceptable alternative dispute resolution process. If I and WUMC cannot agree upon such a process, they agree to resolve the matter through a mutually acceptable arbitration process.

The signature provided confirms that I have read the Consent and Liability Release Form, and freely and voluntarily agree to the terms and conditions in order to participate in any and all WUMC sponsored activities unless specified above. I acknowledge the information given is correct to the best of my knowledge.

I have read this Release before signing below, and I fully understand the contents, meaning, and effect of this Release.

Signature: _____ Date: _____

Printed Name: _____