

WINDOM BAPTIST CHURCH WAIVER

CHILD'S FULL NAME: _____

By signing my name below, I do hereby grant my permission for the above-named child ("the Child") to participate in the event (the "Event"). I do hereby, on behalf of the child and myself, release Windom Baptist Church (WBC), its Staff, Leadership, Employees, Agents, Representatives, Chaperones, Sponsors, Volunteers, and Assigns (all of the foregoing released parties are collectively referred to as "Windom Baptist Church" or "WBC"), individually and collectively, from any and all claims and liabilities of whatsoever nature, that may arise from the Child's participation in the Event and any activities associated with WBC, whether or not such activities occur on the property of WBC and whether or not such claims arise out of the negligence or other conduct of WBC. We recognize, understand, and acknowledge that activities in which the Child will or may participate in involve risks, known and unknown, including serious bodily injury, permanent disability, or even death, but I am nevertheless voluntarily and knowingly consenting to the Child's participation in those activities and fully releasing WBC from any and all claims for such injury, disability, or death to the fullest extent allowed by law.

I acknowledge that while participating in the Event, the Child will be using the facilities of WBC and / or facilities owned and operated by third parties. I further acknowledge that in connection with the Event, the Child may be transported in vehicles and / or equipment owned, leased, or rented by WBC and that WBC and / or third parties may operate such vehicles and / or equipment. I hereby give my permission for the Child to use such facilities and to ride in such vehicles and / or equipment, and I assume all risk of the Child's use of such facilities and transportation, known and unknown, including serious bodily injury, permanent disability, or even death, and I hereby release and waive any and all claims against WBC that may arise from the Child's use of such facilities and transportation to the fullest extent allowed by law.

I further voluntarily agree to indemnify and hold harmless WBC against any and all losses, costs, damages, liabilities, and expenses, including the costs of investigation and defense of legal actions and reasonable attorneys' fees arising out of, resulting from, or in any way related to a future assertion by me, or any other person or entity claiming through me or the child, related to the Child, related to the Child's participation in the Event. I have explained the risks of participating in the Event to the Child.

I hereby grant permission for the Staff, Leadership, Employees, Agents, Representatives, Chaperones, Sponsors, Volunteers, and / or Assigns of WBC to administer over-the-counter medications, including but not limited to: tylenol, advil, tums, Benadryl, anti-itch cream, triple antibiotic cream, Benadryl cream, cough drops, throat spray, or lozenges.

By signing below, I hereby grant permission for WBC representatives to have authority to authorize or provide such emergency medical, X-ray, dental, surgical care or treatment and are

authorized to make all medical, X-ray, dental or surgical care decisions as may be necessary in their judgment for the Child during his / her participation in any activities affiliated with WBC, including but not limited to the Event. I understand that I will be financially responsible for any cost incurred in the emergency treatment and / or transportation of the Child.

I understand that the Child may be treated by a volunteer health care provider and that the volunteer health care provider is not administering care in expectation of compensation. I also understand and agree that the volunteer health care provider is immune from civil liability for any act or omission resulting in death, damages, or injury as long as the volunteer health care provider acts in good faith and in the scope of his or her duties in providing the health care services.

I, the Parent/Guardian of the Child, do hereby give over and release unto the Staff, Leadership, Employees, Agents, Representatives, Chaperones, Volunteers, and / or Assigns WBC all authority and responsibility to authorize any and all medical treatment necessary for the protection of the health and well-being of the Child. This authorization shall authorize any and all medical treatment by licensed medical personnel, pursuant to this my express authorization.

I agree that the Child will abide by all rules and will respect the Staff, Leadership, Employees, Representatives, Agents, Chaperones, Sponsors, Volunteers, other Students / Children, and the Property of WBC or of third parties. Any and all illegal activity by the Child will be reported to the proper authorities. I have advised the Child not to engage in horseplay and to follow all directions and instructions. I further understand that I am financially responsible for any damage to public or private property caused in whole or in part by the Child and will reimburse WBC within thirty (30) days for any expenses associated with damages or repairs.

In exchange for allowing the Child to participate in the Event and activities with WBC, WBC has my permission to use, without compensation, any photographs, videos, graphics, recordings, or other media of the Child in, including but not limited to, advertising, website / internet, commercials, Social Media, or any other means of communication. I hereby release and waive any right of ownership to such media and release and waive any and all claims the Child or I may have to receive any royalty or other compensation for such use.

This consent shall remain effective until 12:00 midnight on the 30th day of June 2024 unless sooner revoked in writing and delivered to (WBC Pastor/ministry director) of Windom Baptist Church, Windom, Texas.

By signing below, I agree to all of the above.

PARENT / GUARDIAN SIGNATURE

DATE

Emergency Contact _____ Phone # _____