

Participant/Parent/Guardian Waiver and Indemnity Agreement
Bethany Lutheran Church, 4500 East Hampden Avenue, Cherry Hills Village, CO 80113

Program / Activity / Sport

Dates:

Participant's Full Name (print) _____

By signing this form you are consenting to put your greatest treasure into our care, which is our honor and pleasure. We will do everything we can to keep your child safe and sound as we participate in this activity. Beyond that, each program we offer is intended to inspire growth of the individual and group in terms of faith and a sense of community. For each activity we keep in mind safety considerations and emergency procedures so that if anything unfortunate happens we will be ready. However, sometimes unforeseen circumstances beyond our control do occur, and the statements below are intended to protect the congregation and staff of Bethany Lutheran Church in those situations.

In consideration of your accepting me or my child for participation in the above-named program, activity, or sport, I hereby, for myself, my heirs, executors, and administrators, waive and release any and all rights and claims for damages that I may have against the above-named organization and its agents, employees, representatives, successors and assigns for any and all injuries suffered by myself or my child that arise out of the above-named program, activity or sport sponsored by the above-named organization.

I warrant that I have the right to authorize the foregoing and do hereby agree to hold the above-named organization harmless of and from any and all liability of whatever nature which may arise out of or result from such participation.

For the consideration stated above, I further agree that in the event that my child or I should make any claim against the above-named organization for damages arising out of the above-named program, activity, or sport, I will personally indemnify, defend, and hold harmless the organization and its agents, employees, representatives, successors, and assigns against any and all loss and damage, occasioned thereby, including attorney's fees.

By signing below I also give permission to treat my child in case of a medical emergency.

I have read and understand this Agreement and have willingly placed my signature below as evidence of my acceptance of all the conditions contained herein.

Signature of Participant _____ Date _____
(If participant is not a minor)

Signature of Parent or Guardian _____ Date _____
(If participant is a minor)

Name of Insurance Company _____

Policy Number _____

Group Number _____

In case of Emergency Contact _____

Please list any allergies below...