

EVENT WAIVER FORM

Color Wars | August 15 2018 | Student Ministries



ATTENTION PARENTS/GAURDIANS

Participants and parents/guardians registering their child/youth in programs must recognize that there is an inherent risk of injury when choosing to participate in recreation activities. First Free Rockford (FFR) continually strives to reduce the risks and insists that all participants follow safety rules and instructions which have been designed to protect the participant's safety. Failure to comply with the FFR's established program rules may result in the participant's removal from the program. Also, please recognize that the FFR does not carry medical insurance for injuries or illness sustained in its program. Therefore, each person registering either themselves or a family member under eighteen years of age for a program should review their own health insurance policy for coverage.

WAIVER AND RELEASE OF ALL CLAIMS

As a participant in FFR's program, I recognize and acknowledge that there are certain risks of physical injury and I agree and relinquish all claims I may have as a result of participation against FFR and their staff from any and all claims from injuries, damages or losses which I or my child may have or which may accrue to me on account of participation in the program.

I further agree to indemnify and hold harmless and defend the FFR and their staff from any and all claims resulting from injuries, damages and losses sustained by me or my child, arising out of, connected with, or in any way associated with the activities with the program.

In the event of an emergency, I authorize officials of FFR to secure from any licensed hospital, physician, and/or medical personnel any treatment for any immediate care and agree that I will be responsible for payment of any medical and all medical services.

In the event that disciplinary action is needed, I realize that I will receive a phone call to discuss any action that may need to be taken. I realize that any transportation costs incurred due to early departure are my responsibility.

I have read and fully understand the above program details, waiver and release of all claims and permission to secure treatment.

IF UNDER AGE 18, PARENT OR GUARDIAN MUST SIGN

Participant Name (please print) _____

Participant Signature _____

Date _____

Parent/Guardian Name (please print) _____

Parent/Guardian Signature _____

Date _____