

# Annual Permission/Waiver Form

Name of Child or Adult Participant (please print) \_\_\_\_\_

Parent(s) and/or legal guardian(s) of child participant

Name \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_

Name \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_

Child Participant's Phone (\_\_\_\_\_) \_\_\_\_\_

Age of Child \_\_\_\_\_ Birth Date \_\_\_\_\_ Academic Grade \_\_\_\_\_

School \_\_\_\_\_

## Functions and Activities

It is my understanding that participating in the programs and recreational and other activities of WEST PHILADELPHIA MENNONITE FELLOWSHIP is a privilege. Prior to my participation in such activities, I acknowledge that there are certain risks associated with the activities, including, by way of example, physical injury due to activity related accidents, physical injury due to transportation related accidents, illness, or even death. In addition, I acknowledge that there may be other risks inherent in these activities of which I may not be presently aware.

## Release of Liability

By signing this Permission/Waiver Form, I expressly warrant that the child named above or I, if I am a participant, am capable of withstanding both the physical and mental demands of the activities discussed above. I also expressly assume all risks of the child or me participating in the activities, whether such risks are known or unknown to me at this time. I further release WEST PHILADELPHIA MENNONITE FELLOWSHIP and its ministers, leaders, employees, volunteers, and agents from any claim that my child may have or that I may have against them as a result of injury or illness incurred during the course of participation in the activities. This release of liability shall include (without limitation) any claims of negligence or breach of warranty. This release of liability is also intended to cover all claims that members of the child's or my family or estate, heirs, representatives, or assigns may have against WEST PHILADELPHIA MENNONITE FELLOWSHIP or its ministers, leaders, employees, volunteers, or agents.

I further agree to indemnify and hold harmless WEST PHILADELPHIA MENNONITE FELLOWSHIP and its ministers, leaders, employees, volunteers, or agents from any and all claims arising from

my participation in its activities and programs, or as a result of injury or illness of my child during such activities.

**Initials** \_\_\_\_\_

**First Aid and Emergency Medical Treatment**

I recognize that there may be occasions where the child named above or I, if I am a participant, may be in need of first aid or emergency medical treatment as a result of an accident, illness, or other health condition or injury. I do hereby give permission for agents of WEST PHILADELPHIA MENNONITE FELLOWSHIP to seek and secure any needed medical attention or treatment for the child named above or me, if I am a participant, including hospitalization, if in the agent's opinion such need arises. In doing so I agree to pay all fees and costs arising from this action to obtain medical treatment.

I give permission for attending physician(s) and other medical personnel to administer any needed medical treatment, including surgery and, again, I agree to pay for the medical treatment.

**Health Insurance Information**

Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

Insurance Company Phone Number \_\_\_\_\_

Medical Doctor \_\_\_\_\_ Phone number \_\_\_\_\_

**Emergency Contacts**

Names of persons and telephone numbers to call in case of emergency:

Name \_\_\_\_\_ Relation \_\_\_\_\_

Primary Phone \_\_\_\_\_

**Swimming Ability**

- Nonswimmer
- Beginner (capable of swimming for several minutes in deep water)
- Moderate (capable of swimming several lengths of pool)
- Advanced (capable of swimming long distances)

**Release to Independently Return Home**

- Should always be accompanied home from WPMF events happening in West Philly
- Can be responsible to get home unaccompanied during daylight hours
- Can be responsible to get home unaccompanied at all hours
- A parent should be contacted to check on a case by case basis

**Medical History**

Special medical needs or concerns (allergies, conditions, dietary needs, medications, etc.):

**Initials** \_\_\_\_\_

**Other Information**

Other information leaders should know about the child or adult participant:

**For Use Only if the Participant is a Minor**

I represent that I am the parent/guardian of \_\_\_\_\_, who is under 18 years of age. I have read the above Permission/Waiver Form and am fully familiar with the contents thereof.

I give permission for the child named above to participate in the activities of WEST PHILADELPHIA MENNONITE FELLOWSHIP including any special events/activities described above. In consideration for allowing the participation of the child in the activities of WEST PHILADELPHIA MENNONITE FELLOWSHIP I hereby consent to the Permission/Waiver Form, including the Release of Liability above, on behalf of the child, and agree that this Permission/Waiver Form shall be binding upon me, my family, heirs, legal representatives, successors, and assigns.

Signature of Parent or Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

Print Name of Parent or Legal Guardian \_\_\_\_\_

Witness Signature \_\_\_\_\_ Date \_\_\_\_\_

**Young Person's Agreement**

I agree to participate in the functions and activities of WEST PHILADELPHIA MENNONITE FELLOWSHIP, to cooperate with the leaders and other young people, and to conduct myself appropriately. I promise to respect God, respect myself, respect other persons, and respect property. I understand that my continued participation in church activities depends on my support of this agreement.

Signature \_\_\_\_\_ Date \_\_\_\_\_