



Mitchell Road Presbyterian Church
Activity Participation Waiver & Release Form

Activity _____ Date(s) of Activity _____

Description of Activity _____

Location of Activity _____

Name of Sponsor's Coordinator _____ E-Mail _____

Participant Information (to be completed by Participant or Authorized Parent/Guardian)

Participant's Name _____ E-Mail _____

Address _____ City _____ State _____ Zip _____

Participant is Adult _____ Minor Child (under age 18) _____ (complete section below)

Parent / Guardian Name(s) if a Minor Child _____

Phone _____ Email Address _____

Emergency Contact Name _____ Phone: _____

I authorize the sponsor or designated personnel to obtain emergency medical treatment for the participant if necessary. I understand that the participant (or parent / legal guardian) is responsible for any medical expenses incurred. Yes _____ No _____

Participation Consent & Agreement

I, the undersigned participant (or parent/legal guardian of a participating minor child) named above, acknowledge, understand, and agree that:

- 1. Voluntarily and of my own free will, I elect to participate (and/or allow my minor child to participate) in a ministry activity (Activity) sponsored by Mitchell Road Presbyterian Church.
2. I understand and acknowledge that participation in the activity described above involves certain inherent risks to the participant (and/or to the participant's parents or guardians, if the participant is a minor), and may result in various types of injury including, but not limited to, the following: sickness, exposure to infectious/communicable disease, bodily injury, death, emotional injury, personal injury, property and/or financial loss.
3. In consideration of being permitted to participate in the Activity, I acknowledge and accept full personal financial responsibility for any injury, illness, loss, damage, or other expenses sustained by the participant during the Activity or while traveling to or from the Activity.

