

# Permission & Waiver of Liability

PWL:

FILE:

This form is a general release of liability and a permission granting form to be completed prior to participating in certain activities at Nevils Trinity Baptist Church. Participant and/or Legal Guardian should read and understand this document before providing consent. Please print and leave no blanks.

Full Name of Participant \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_  
Home Phone (\_\_\_\_) \_\_\_\_\_ Mobile/Other Phone (\_\_\_\_) \_\_\_\_\_  
Participant's Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Academic Grade \_\_\_\_\_  
Participant's Legal Guardian (if minor) \_\_\_\_\_



1172 Nevils Denmark Road  
Nevils, Georgia 31321  
(912) 839-2599

## Programs & Activities

It is my understanding that participating in the programs and recreational and other activities of Nevils Trinity Baptist Church is a privilege. Prior to 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.

I understand that the participant named above will be participating in the following program/event: \_\_\_\_\_  
located at \_\_\_\_\_  
on the following date(s) and time(s): \_\_\_\_\_.

I understand that during this period the participant named above may take part in the planned activities for said program/event and other activities consistent with the purposes of the church.

## Release of Liability

By signing this Permission & Waiver of Liability form, I expressly warrant that the participant named above is capable of withstanding both the physical and mental demands of the activities described above. I further release Nevils Trinity Baptist Church, its staff members, leaders, employees, volunteers, and agents from any claim that participant 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.

## First Aid and Emergency Medical Treatment

I recognize that there may be occasions where the 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 all agents of Nevils Trinity Baptist Church to seek and secure any needed medical attention or treatment for the participant named above including hospitalization, if in the agent's opinion such need arises and, 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.

## Participant's Agreement

I agree to participate in the functions and activities of Nevils Trinity Baptist Church, to cooperate with the leaders and participants, and to conduct myself as a Christian at all times. 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 consent of this agreement. In addition, I have read and fully understand the entire contents of this form.

Participant's Signature \_\_\_\_\_ Date \_\_\_\_\_

## Parent/Legal Guardian's Agreement (Required if Participant is a Minor)

I represent that I am a parent and/or a legal guardian of the participant named above who is under 18 years of age. I have read the above sections of this form and fully understand its contents.

I give permission for the participant named above to take part in the program/event described above. Further, I hereby consent to the Release of Liability as described above, on behalf of the participant named above and agree that this Permission/Waiver of Liability Form shall be binding upon me, my family, heirs, legal representatives, successors, and assigns.

Parent/Legal Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name of Parent or Legal Guardian \_\_\_\_\_ Emergency Contact No \_\_\_\_\_