

SEQUOIA HEIGHTS BAPTIST CHURCH
Participation, Release, Waiver & Indemnity Agreement

WHILE SEQUOIA HEIGHTS PAPTIST CHURCH MAKES EVERY EFFORT TO PROVIDE A SAFE AND PLEASANT ENVIROMENT FOR YOUR CHILD, WE DO REQUIRE THAT THIS PARTICIPATION AGREEMENT BE READ, FILLED OUT, SIGNED AND DATED BY THE PARENT OR LEGAL GUARDIAN OF EACH CHILD UNDER 18 YEARS OF AGE WHO WISHES TO PARTICIPATE IN THE ACTIVITES WHICH OCCUR WITH SEQUOIA HEIGHTS BAPTIST CHURCH.

I, the undersigned give permission for my child, _____, to participate in the activities that occur with Sequoia Heights Baptist Church, and on or around Sequoia Heights Baptist Church. These activities include, but are not limited to, swimming and all places with water, traveling around town and to all activities, amusement parks, all forms of skating & snow activities , sports, indoor and outdoor games (including those very strenuous), broom hockey and ice games, hiking , camping and paintball games. I grant this permission with full knowledge that I accept full responsibility for an injury or accident that may occur.

Although Sequoia Heights Baptist Church has taken reasonable steps to provide equipment and skilled employees/volunteers so your child can participate in activities for which he/she may not be skilled in, we now remind you that these activities are not without risk. Certain risks cannot be eliminated without destroying the unique character of those activities. The same elements that contribute to the character of these activities can be cause of loss or damage to your property, accidental injury or illness or, in extreme cases, permanent trauma or death. We do not want to frighten you or reduce your enthusiasm for these activities, but we do think it is important for you to be informed and know in advance about inherent risks. Travel on any road and even crossing the street, for example have inherent risks.

I, on behalf of myself, my children, my assigns and my estate agree to release and hold harmless Sequoia Heights Baptist Church, its officers, pastors, volunteer leaders, B.A.C., agents or employees, for any and all claims for injuries, causes of action or liability related to my child's participation in any activity occurring with Sequoia Heights Baptist Church, or on or around Sequoia Heights Baptist Church. This release does not apply to intentional and /or willful acts of misconduct by Sequoia Heights Baptist Church or any of its employees.

Should Sequoia Heights Baptist Church, or anyone acting on their behalf, be required to incur attorneys' fees and costs to enforce this agreement, I agree to indemnify and hold Sequoia Heights Baptist church harmless for all such fees and costs.

By signing this document, I acknowledge that if anyone is hurt or property damaged during my or my child's participation in activities, I and/or my child may be found by a court of law to have waived any right to maintain lawsuit against Sequoia Heights Baptist Church on the basis of any claim which has been released herein I have had sufficient opportunity to read this entire document. I have read and understood it, and agree to be bound by its terms.

I understand that if this information changes I am responsible for filling out an updated form. _____(Initial)

Signature # 2 of 2

Parents or guardian's signature _____ Date _____

Print name _____ Relationship to child _____

(You may sign your own Release if you are 18 or older)

Sequoia Heights Baptist Church
1050 S. Union Rd. Manteca, CA. 95337
(209) 823-2089

**SEQUOIA HEIGHTS BAPTIST CHURCH
MEDICAL AND LIABILITY RELEASE**

There are two places for a parent/guardian to sign for this release (at the bottom of each side)

NAME _____ AGE _____ DATE OF BIRTH _____
Print last Name First Name

ADDRESS: _____ CITY _____

STATE: _____ ZIP _____ HOME PHONE _____ CELL PHONE _____

FATHER'S NAME _____ ADDRESS _____ WK. PHONE _____ CELL PHONE _____

MOTHER'S NAME _____ ADDRESS _____ WK. PHONE _____ CELL PHONE _____

IN EMERGENCY NOTIFY _____ PHONE (____) _____

HEALTH HISTORY:

_____ Drug Allergies _____ Heart Condition _____ Behavior /Nervous Disorder

_____ Food Allergies _____ Asthma _____ Physical Handicap

_____ Environmental Allergies _____ Seizure Disorder _____ Stomach Problems

_____ Insect Stings _____ Diabetes _____ Other _____

If any of the above are checked, please give details (i.e. include normal treatment of allergic reactions) _____

Date of last tetanus shot: _____ Name, dosage, and frequency of any medications that must be taken regularly, or as needed: _____

Any swimming restrictions: Yes ___ No ___ Any activity restrictions: Yes ___ No ___ What restrictions? _____

If you have medical insurance, your carrier will be billed for medical charges in case of illness or injury while your child is attending a Sequoia Heights sponsored event. Do you have Health Insurance: Yes ___ No ___ Please give name and address of insurance company.

Insurance Company _____ Policy Number _____

Family Doctor _____ PHONE _____

Address _____ Main Insured's Social Security # _____

If your child requires medical attention while in our care for injuries received or illnesses contracted previously, please provide any other necessary information to give your child proper medical service. _____

Medical Release: In the event I cannot be reached in an emergency while my child is with you, I hereby give my permission to the physician or dentist selected by Sequoia Heights Baptist Church to hospitalize, to secure proper treatment and /or order an injection, anesthesia, or surgery for my child as deemed necessary. I also authorize the nurse/EMT on duty to administer medical aid as required for illness or injury under a physician's order. The signature of the parent or guardian below is intended to serve as a medical release.

Signature #1 of 2

Parent or guardian's signature _____ Date _____