

**BETHANY COMMUNITY CHURCH
ASSUMPTION OF RISK, RELEASE AND INDEMNITY AGREEMENT**

Adult - Not For Use With Minors

Description of activities (*Activities*): _____

Personal Information:

Name of Adult Participant _____			
Date of Birth _____			
Address _____	City _____	State _____	Zip _____
Phone Number (cell) _____		(work) _____	
Email _____			
Emergency Contact Name _____		Phone Number _____	
Emergency Contact Relationship _____			

Medical Information:

Relevant medical conditions, allergies, etc. _____ _____	
Name of primary care doctor _____	Phone Number _____
Insurance Co and Plan Name _____	Group Name/Number _____
Member Name _____	Member ID Number _____

In consideration of Bethany Community Church (*BCC*) allowing me to participate in the Activities that are sponsored, hosted by, or otherwise related to BCC, I agree to the following:

1. Voluntary Participation. I agree that my involvement in the Activities is voluntary.

2. Risk of Serious Injury or Death. I understand that the Activities could involve risks that may result in serious injury or death. These risks could include, but are not limited to, strenuous physical exertion, falls or other accidents, extreme conditions, and lack of available medical care. I voluntarily assume all such risks.

3. No Duty to Act on Specific Conditions. I understand and agree that BCC is not qualified to provide medical evaluation or treatment and that the number of participants in a given volunteer activity may limit the ability of BCC to provide special care or attention to me. I understand and agree that BCC has no duty to utilize the information above regarding medical conditions or other limitations that may affect me.

4. Authorization to Engage Medical Treatment. I grant permission for BCC to authorize medical treatment for me, to call 911 for emergency medical aid, or take other measures to secure medical treatment if, in BCC's sole and absolute judgment, I become ill, sustain an injury, or otherwise require medical treatment. I give consent to any physician, emergency aid responder, or other health care provider to administer drugs or medicine or to perform any medical treatment as such person determines necessary for the relief of pain or to preserve my life or health. I assume full responsibility for all medical, rescue, transportation, and other expenses incurred on my behalf and understand that I may be required to fully and immediately reimburse BCC for any of these expenses that BCC, in its sole and absolute discretion, chooses to advance.

5. Coverage of Medical Expenses. I understand that the effect of this release means that BCC's liability insurance, and the liability insurance of any co-sponsors, hosts, or related organization, if any, would not provide coverage for any death, injuries, or medical expenses sustained by me. I agree that I have the necessary and appropriate medical, disability, and life insurance coverage to protect me and my survivors in the event of my injury or death. From time to time BCC may provide no-fault accident coverage for medical expenses arising out of an accident during the Activities (with my medical insurance being the primary coverage). I understand that such coverage, if available at all, is limited in amount (typically \$15,000-\$25,000), is secondary to any medical coverage for me, does not cover all activities, and may not cover me at all. In signing this release, I am not relying on any promise of accident coverage by BCC and assume such coverage does not exist.

6. Choice of Law and Venue. BCC is located in King County, Washington. Regardless of the location of any volunteer activity throughout the world, I agree that any dispute arising out of this release agreement or my participation in any Activities activity will be governed by the laws of the State of Washington and venue will be in King County.

7. **Release of Claims.** I release and agree to indemnify BCC (and any co-sponsors, hosts, or related organizations), their officers, directors, employees, agents, and volunteers (collectively, *Released Parties*), from all claims and liabilities of any kind, known or unknown, including, but not limited to, claims based on the negligence of Released Parties (either individually or collectively), related to or arising, directly or indirectly, from my participation in the Activities, including travel to and from any volunteer activities. This release is binding on me and my personal representative and heirs. I have carefully read this document and understand what it says.

Signature

Date

Printed Name