

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

**Minor**

Description of activities (*Activities*): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Personal Information:**

Name of Child/Youth (*Participant*) \_\_\_\_\_

Date of Birth \_\_\_\_\_

Name of Parent /Legal Guardian \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number (cell) \_\_\_\_\_ (work) \_\_\_\_\_

Email \_\_\_\_\_

Alternate Emergency Contact Name \_\_\_\_\_ Phone Number \_\_\_\_\_

**Medical Information:**

Relevant medical conditions, allergies, etc. \_\_\_\_\_

\_\_\_\_\_

Name of pediatrician/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 my child (*Participant*) to participate in the Activities that are sponsored, hosted by, or otherwise related to BCC, I agree as follows:

1. Authority. I am the parent or legal guardian of the Participant and have authority to enter into this Agreement. I represent that: (a) I have authority to enter into this Agreement on behalf of anyone else who has legal rights regarding the Participant; or (b) everyone else with legal rights regarding the Participant has signed this release.

2. Voluntary Participation. I agree that the Participant's involvement in the Activities is voluntary.

3. Publicity Release. I grant BCC permission to record, use, reproduce, and publicly display pictures, video, or audio of the Participant's involvement in the Activities.

4. Risk of Serious Injury or Death. I understand that the Activities could involve risks that may result in serious injury or death to the Participant. These risks may 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.

5. No Duty to Act on Conditions Specific to Participant. I understand and agree that BCC is not qualified to provide medical evaluation or treatment and that the number of participants may limit the ability of BCC to provide special care or attention to an individual Participant. I understand and agree that BCC has no duty to utilize the information above regarding medical conditions or other limitations faced by the Participant.

6. Authorization to Engage Medical Treatment. I grant permission for BCC to authorize medical treatment for the Participant, to call 911 for emergency medical aid, or take other measures to secure medical treatment if, in BCC's sole and absolute judgment, the Participant becomes ill, sustains an injury, or otherwise requires medical treatment. I give consent to any physician, emergency aid responder, or other health care provider to administer drugs or medicine or to perform such medical treatment as such person determines necessary for the relief of pain or to preserve the Participant's life or health. I assume full responsibility for all medical, rescue, transportation, and other expenses incurred on behalf of the Participant and understand 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.

7. 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 Participant. I agree that the Participant has the necessary and appropriate medical, disability, and life insurance coverage to protect the Participant and his or her survivors in the event of injury or death to the Participant.

From time to time BCC may provide no-fault accident coverage for medical expenses arising out of an accident during the Activities (with the Participant's 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 Participant, does not cover all activities, and may not cover Participant 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.

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

9. 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 child's (the Participant's) participation in the Activities, including travel to and from the Activities. This release is binding on me and my personal representative and heirs. I have carefully read this document and understand what it says.

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Parent /Guardian Signature

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Date

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Printed Name