

# Activity Permission and Waiver and Medical Consent

Revised Sept. 2016

As a person of legal age or as the parent or legal guardian, I hereby give permission for myself or my child to participate in all activities organized by: Lima Community Church of the Nazarene, 2945 N. Cole, Lima, OH 45801 except as noted on this form.

Full Name \_\_\_\_\_ Birthday \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_  
Last First Middle  
Parent or Guardian Name \_\_\_\_\_ Home/Cell # \_\_\_\_\_ Other # \_\_\_\_\_  
Home Address \_\_\_\_\_

If not available in an emergency, notify:

1. Name \_\_\_\_\_ Relation \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_  
Or 2. Name \_\_\_\_\_ Relation \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_

Does this participant have any of the following allergies?

Penicillin \_\_\_ Insect Stings \_\_\_ Ivy Poisoning, etc. \_\_\_ Hay Fever \_\_\_ Peanut/Nut \_\_\_ Other: \_\_\_\_\_

Does this participant have any chronic or recurring illness or illnesses, which would have an effect on the participant's participation in any activity? Yes \_\_\_ No \_\_\_ If yes, describe the problems or illnesses: \_\_\_\_\_

Date of last tetanus shot: \_\_\_\_\_ Is this participant on any medications? \_\_\_ if so, please state the medication: \_\_\_\_\_

If so, will they be bringing to any activity the medications that he/she should be taking? \_\_\_\_\_

Are there any activities, such as strenuous activities, to be restricted for this participant? \_\_\_ if so, describe: \_\_\_\_\_

Describe any dietary restrictions that is required to observe: \_\_\_\_\_

Other comments or suggestions concerning this participant: \_\_\_\_\_

State the name, address, medical specialty and phone number of family physician and/or any other physician who should be consulted in the event of emergency or medical problems involving this participant: \_\_\_\_\_

State the name, address, and phone number of this participant's dentist (and orthodontist if applicable): \_\_\_\_\_

Is there medical or hospitalization insurance which provides benefits for this participant? \_\_\_\_\_ please indicate:

Name of Insurance Co. \_\_\_\_\_ Address \_\_\_\_\_

Policy No. of Insurance Policy \_\_\_\_\_ Name of Policy Holder \_\_\_\_\_

I agree to indemnify and hold Lima Community Church of the Nazarene, Northwestern Ohio District Church of the Nazarene, the General Church of the Nazarene, or any of their agencies, departments, officers, employees, members or agents from all damages, judgments, expenses, attorney's fees and claims arising out of personal injury, death, or property damage sustained in whole or in part by any or all persons whatsoever as a result of or arising out of any act or omission of guest group or attendee, or caused by or resulting from any activity or program being conducted by guest group or use of Lima Community Church of the Nazarene facilities, or cancellation/closure due to natural disaster and/or emergency.

I understand that Lima Community Church of the Nazarene carries medical and hospitalization insurance coverage which, consistent with the exclusions, limitations and terms thereof may provide benefits over and above any personal medical and hospitalization coverage available to my family. I understand that any personal medical and/or hospitalization insurance available to my family will provide primary coverage and the ministries medical and hospitalization coverage (subject to the exclusions, limitations and provisions in the ministry's policy) may provide secondary or excess coverage. I agree to apply first for benefits from the personal hospitalization and medical coverage available to my family, if any, before applying for benefits that may be available from the ministry's medical and hospitalization coverage.

I further understand that, in the event any medical or dental treatment is required while engaged in any activity, reasonable efforts will be made to contact me; however, if I cannot be reached, I hereby consent and give permission to the ministry's sponsor or any adult counselor acting on behalf of the ministry with respect to the activity, as agent for me, to consent to any X-ray examination, injections, anesthesia, medical, dental or surgical diagnosis and treatment, and hospital care and treatment advised and supervised by a physician, surgeon, or dentist (as appropriate) licensed to practice under the laws of the state where the services are rendered, either as an

outpatient or in any hospital. To the best of my knowledge, I have listed above all of my child's medical allergies, medications being taken, medical problems and other pertinent information.

**EXPRESS CONTRACTUAL ASSUMPTION OF ALL RISKS, WAIVER OF AND RELEASE FROM ALL LIABILITY FOR ANY NEGLIGENCE, INDEMNITY FOR ALL THIRD PARTY CLAIMS.**

The undersigned acknowledges and agrees to the following conditions in exchange for being allowed to participate in any or all activities on the premises of or any or all activities sponsored by Lima Community Church of the Nazarene. Releasees as used herein shall mean Lima Community Church of the Nazarene, Northwestern Ohio District Church of the Nazarene, the General Church of the Nazarene, their agents and employees.

As a participant, I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of any injuries, including death, damages, or loss which I may sustain as a result of participating in any and all activities connected with, or associated with, the activity. I agree to waive and relinquish all claims I may have as a result of my participation in the above activities against the Releasees. I do hereby fully release and discharge the Releasees from any and all claims, including but not limited to, death, damage or loss to which I may have, or which may accrue to me on account of my participation in the above activities. By this agreement, I intend to release and discharge and absolve Releasees from any and all liability for any active or passive negligence whatsoever by Releasees and waive and relinquish any claims or causes of action against releasees from any loss, claim, damage, personal injury, disability, death, medical or other type of expense or property damage or loss caused by any negligence of Releasees and promise not to sue or exercise any legal right to seek damages from Releasees. I further agree to indemnify and hold harmless and defend the Releasees from all losses sustained from injury, including death, damages or losses sustained by me arising out of, and in connection with, or in any way associated with, the above activities. I also agree that Lima Community Church maintains authority over all activities on the Church property and I will reimburse Lima Community Church for any damages to its property, for misuse or deliberate actions of malice.

The undersigned further agrees that this Agreement is intended to be as broad and inclusive as permitted by law in the State of Ohio, and that if any portion hereof is found invalid, it is agreed that the balance shall, notwithstanding, continue in full force and effect.

The undersigned further certifies that he/she has no medical condition which could cause participation in any of the above activities to be potentially hazardous to his or her health. In addition, this Agreement shall constitute authorization for Lima Community Church of the Nazarene, its employees, staff or volunteers to provide or cause to be provided such medical treatment to the undersigned as may be necessary or appropriate if any injury occurs while on the premises of Lima Community Church of the Nazarene or while participating in a sponsored activity.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNED THIS AGREEMENT, and further agrees that no representations, statements, or inducements apart from this Agreement have been made by Lima Community Church of the Nazarene, or anyone else with regard to the subject matter of this Agreement.

\*This Activity Permission and Waiver and Medical Consent form is valid for up to one year from the notarized date below.

\*\*If *any information* on this forms changes, it is the responsibility of the individual or parent or legal guardian to complete a new form and return to LCCN ministry rep.

**IN WITNESS WHEREOF**, I have executed this liability release and Waiver

Signature of Participant \_\_\_\_\_ Printed Full Name \_\_\_\_\_ Date \_\_\_\_\_

Date of Birth \_\_\_\_\_  
Subscribed and sworn to in my presence by \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ year \_\_\_\_\_

In the county of \_\_\_\_\_ State of Ohio.

My commission expires \_\_\_\_\_ X \_\_\_\_\_  
NOTARY PUBLIC

I, the undersigned, as parent or legal guardian of the above participant, hereby knowingly and voluntarily execute this liability release and waiver with the intent of affirming and making effective all representations made herein by the participant. I have fully informed myself of the contents of this liability release and waiver and consent to the same and on behalf of myself as well as in my authority as parent or legal guardian of the above-named participant.

Signature \_\_\_\_\_ Printed Full Name \_\_\_\_\_ Date \_\_\_\_\_  
(Mother or Legal Guardian)

Subscribed and sworn to in my presence by \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ year \_\_\_\_\_

In the county of \_\_\_\_\_ State of Ohio.

My commission expires \_\_\_\_\_ X \_\_\_\_\_  
NOTARY PUBLIC

I, the undersigned, as parent or legal guardian of the above participant, hereby knowingly and voluntarily execute this liability release and waiver with the intent of affirming and making effective all representations made herein by the participant. I have fully informed myself of the contents of this liability release and waiver and consent to the same and on behalf of myself as well as in my authority as parent or legal guardian of the above-named participant.

Signature \_\_\_\_\_ Printed Full Name \_\_\_\_\_ Date \_\_\_\_\_  
(Father or Legal Guardian)

Subscribed and sworn to in my presence by \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ year \_\_\_\_\_

In the county of \_\_\_\_\_ State of Ohio.

My commission expires \_\_\_\_\_ X \_\_\_\_\_  
NOTARY PUBLIC