

ALL NATIONS WORSHIP MINISTRIES Activity Release Forms

ADULT Participant Information:

Name:

Street:

City:

State:

Zip:

Phone:

Date of Birth:

Activity Information

Organization: **ALL NATIONS WORSHIP MINISTRIES**

Activity:

Place:

Date of Activity:

Permission and Medical Treatment Waiver

I, _____, do hereby give my consent to attend the above activity and to be treated for a medical emergency while participating in the Ministry's trip. The Ministry or any affiliated Adult supervisor may act as an agent in my illness or emergency. **In case of accident, I do not hold ALL NATIONS WORSHIP MINISTRIES, its workers, or the adult chaperones responsible.**

Special Dietary Needs:

Medications: _____

Allergies: _____

In case of emergency, please contact:

Name:

Phone:

Signature:

Date:

AUTHORIZATION AND WAIVER OF RISK FOR TRAVEL

I _____, hereby give my consent to participate
in, the _____, including traveling from and to Vine Grove, KY TO
_____. I understand I will be traveling by CHURCH VAN OR PRIVATE

VEHICLE. I understand that neither ALL NATIONS WORSHIP MINSTRIES, nor the staff is liable in the event of an accident or injury to me. I also assume full responsibility for the consequences of my actions during these activities.

PAYMENT AND INDEMNITY HOLD HARMLESS AGREEMENT

I, _____, hereby agree to assume full responsibility for the payment of all debts
incurred by me, _____, during this visit to: Please specify, and to reimburse
ALL NATIONS WORSHIP MINISTRIES for any damages suffered by it due to my acts during the trip.

Waiver of Risk

I understand that, despite careful and proper preparation, there is still a risk of injury when participating in any activity. In consideration for ALL NATIONS WORHSIP MINISTRIES, or any other participating organization, permitting me to participate in the above activity, I agree to indemnify, defend, hold harmless and release ALL NATIONS WORSHIP MINISTRIES, or any other participating organization, and their officers, agents, representatives, workers and volunteers, against and from any and all claims, suits, losses, costs, damages, expenses, and liability arising out of any act or omission or other occurrence, whether or not caused by or resulting from this activity, ALL NATIONS WORSHIP MINISTRIES, or any other participating organization, their agents, representatives, workers, and volunteers during the course of the activity in which I am participating.

Authorization for Medical Care

I authorize ALL NATIONS WORSHIP MINISTRIES (and any other participating organization) to procure, at my expense, any medical care reasonably required for me during the trip.

This Payment and Indemnity Hold Harmless Agreement means that the undersigned will not file a lawsuit or make a claim on behalf of said person against any of the entities or individuals above and will pay the costs of defense or damage caused by a claim by or on behalf of the undersigned.

Date

Signature