**Hocking Hills UMC Youth WAIVER AND RELEASE**

I hereby give my child/ward, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (“Student”), permission to participate in HHUMC youth events in or around the church building. I understand that my Student may participate in a wide-range of activities, sports, projects, and games at the Event including, but not limited to, the following: trampoline activities and games, basketball, baseball/softball, football, volleyball, dodge ball, kick ball, gaga ball, scavenger hunts, laser tag, Nerf wars, water activities, food fights, obstacle courses, sack races, survivor challenges, eating challenges, games, and activities on inflatables (collectively referred to as “activities”). There are risks associated with participation in these activities and I understand that my Student may suffer serious injury or even death. Understanding and assuming all risks on behalf of all parents and guardians of the Student and on behalf of my Student, I give my Student permission to participate in all of the activities at the Event and will not seek to recover costs or damages of any kind from Hocking Hills United Methodist Church.

I agree that my Student will abide by all rules and will respect the staff, leadership, employees, agents, representatives, chaperones, volunteers, other children/students, and the property of Hocking Hills UMC or of third parties. I have advised my Student not to engage in horseplay and to follow all directions and instructions. I further understand that I am financially responsible for any damage to public or private property caused in whole or in part by my Student and will reimburse Hocking Hills UMC within thirty (30) days for any expenses associated with damages or repairs.

I HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS HOCKING HILLS UMC, ITS STAFF, EMPLOYEES, LEADERSHIP, AGENTS, CHAPERONES, REPRESENTATIVES, MEMBERS, AND VOLUNTEERSHOCKING HILLS UMC, ITS STAFF, EMPLOYEES, LEADERSHIP, AGENTS, CHAPERONES, REPRESENTATIVES AND VOLUNTEERS, AND HOCKING HILLS UMC FOUNDATION, STAFF, EMPLOYEES, LEADERSHIP, AGENTS, CHAPERONES, REPRESENTATIVES, AND VOLUNTEERS (ALL OF THE FOREGOING RELEASED PARTIES ARE COLLECTIVELY REFERRED TO AS “HOCKING HILLS UNITED METHODIST CHURCH”) FROM ANY AND ALL CLAIMS AND LIABILITIES OF WHATSOEVER NATURE, BOTH INDIVIDUALLY AND COLLECTIVELY, THAT MAY ARISE FROM MY ABOVENAMED STUDENT’S PARTICIPATION IN THE EVENT, WHETHER OR NOT THE CLAIMS OR LIABILITIES OCCUR ON THE PROPERTY OF HOCKING HILLS UMC, AND WHETHER OR NOT SUCH CLAIMS OR LIABILITIES ARISE OUT OF THE NEGLIGENCE OR OTHER CONDUCT OF HOCKING HILLS UMC.

I hereby grant permission for the staff, leadership, employees, agents, representatives, chaperones, and/or volunteers of Hocking Hills UMC to administer over-the-counter medications to my Student including but not limited to: Tylenol, Advil, Tums, Benadryl, Anti-Itch Cream, Triple Antibiotic Cream, Benadryl Cream, Cough Drops, Throat Spray or Lozenges. I agree to notify Hocking Hills UMC, in writing, prior to the Event, of any of my Student’s medical allergies. Hocking Hills UMC will not administer or disseminate prescription medication. Please make arrangements for your student prior to the Event.

**WAIVER AND RELEASE Page 2**

I, THE PARENT/GUARDIAN OF THE ABOVE-NAMED STUDENT, DO HEREBY GIVE OVER AND RELEASE UNTO THE STAFF, LEADERSHIP, EMPLOYEES, AGENTS, REPRESENTATIVES, CHAPERONES, AND/OR VOLUNTEERS OF HOCKING HILLS UMC ALL AUTHORITY TO AUTHORIZE AND PROVIDE ANY AND ALL MEDICAL, DENTAL, AND SURGICAL TREATMENT NECESSARY FOR THE PROTECTION OF THE HEALTH AND WELL-BEING OF MY AFOREMENTIONED STUDENT. THIS AUTHORIZTION SHALL AUTHORIZE ANY AND ALL MEDICAL TREATMENT BY LICENSED MEDICAL PERSONNEL, PURSUANT TO THIS MY EXPRESS AUTHORIZATION, WHETHER WRITTEN OR ORAL, OF THE STAFF, LEADERSHIP, EMPLOYEES, AGENTS, REPRESENTATIVES, CHAPERONES, AND/OR VOLUNTEERS OF HOCKING HILLS UMC. I UNDERSTAND THAT I WILL BE FINANCIALLY RESPONSIBLE FOR ANY AND ALL COSTS INCURRED IN THE EMERGENCY TREATMENT AND/OR TRANSPORTATION OF MY STUDENT. I FURTHER AGREE TO REIMBURSE HOCKING HILLS UMC WITHIN THIRTY (30) DAYS FOR ANY AND ALL EXPENDITURES MADE ON BEHALF OF MY STUDENT. THIS AUTHORIZATION SHALL BE EFFECTIVE UNTIL IT IS EXPRESSLY REVOKED.

I understand that the above-named Child may be treated by a volunteer health care provider and that the volunteer health care provider is not administering care for or in expectation of compensation. I also understand and agree that the volunteer health care provider is immune from civil liability for any act or omission resulting in death, damage, or injury as long as the volunteer health care provider acts in good faith and in the scope of his or her duties in providing the health care services. I further understand that my Student will be using the facilities of Hocking Hills UMC and facilities owned and operated by third parties. I further understand that my Student may be transported in vehicles or equipment owned, leased, or rented by Hocking Hills UMC, and that third parties may operate such equipment.

Hocking Hills UMC has my permission to use, without any compensation, any photographs, videos, recordings or other media for the purposes of brochures, videos, advertising, website content, or other promotional items, and waive any right of ownership to such media or other claim I may have to receive any royalty or other compensation for such use. I further understand that these photos/videos will be used for Hocking Hills UMC promotional purposes only. I have had the opportunity to speak with legal counsel regarding this Waiver and Release. I represent that I am authorized to act on behalf of all parents and guardians of my Student. As consideration for allowing my Student to participate in the Event, on behalf of all parents and guardians of my Student and on behalf of my student, we give up any and all claims against Hocking Hills UMC arising from my Student’s participation in the Event.

Parent/Guardian’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name of Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_