

**COVID-19 ACKNOWLEDGEMENT AND ASSUMPTION OF RISK
AND
RELEASE AND WAIVER OF CLAIMS**

COVID-19 SAFETY ACKNOWLEDGMENT:

While my child/children and I are participating in LIFEBRIDGE CHRISTIAN CHURCH EVENTS (herein referenced as the “Events”) held and organized by **LIFEBRIDGE CHRISTIAN CHURCH** (“Organizer”), the undersigned Attendee, for both the Attendee and Attendee’s child/children, agree that Attendee and Attendee’s child/children must comply with the policies and/or rules, as may be adopted from time to time by the Organizer, to reduce the risk of exposure to COVID-19. Because COVID-19 is highly contagious, Organizer may put in place preventative measures to reduce the spread of COVID-19; however, Organizer cannot guarantee that attendees, attendees’ children, or others in attendance at the Events will not become infected with COVID-19 notwithstanding any policies and rules put in place.

Individuals who fall within either of the categories below should not attend or participate in the event. By attending, the undersigned **certifies** that:

1. Attendee and Attendee’s child/children are not currently experiencing any symptoms associated with COVID-19 and they have not experienced any such symptoms in the past 21 days, which symptoms include fever, cough, shortness of breath, or loss of the sense of taste or smell, among others symptoms.
2. Attendee and Attendee’s child/children have not been exposed to a confirmed or suspected case of COVID- 19 within the past 21 days, or been diagnosed with COVID-19 and not yet cleared as non-contagious by state or local public health authorities or the health care professional(s) responsible for the undersigned treatment.

DUTY TO SELF-MONITOR:

Attendee, for Attendee and for Attendee’s child/children, agrees to self-monitor for signs and symptoms of COVID-19 (symptoms typically include fever, cough, shortness of breath, and/or loss of the sense of taste or smell). If Attendee and/or Attendee’s child/children experience any symptoms, Attendee and Attendee’s child/children will immediately cease attending the Events.

ASSUMPTION OF THE RISK. The undersigned, for the Attendee and Attendee’s child/children, acknowledges and understands the following:

1. Attendance at or participation in the Events include possible exposure to and illness from infectious diseases, including but not limited to COVID-19. While compliance with particular policies and rules established by Organizer may reduce this risk, the risk of serious illness and death does exist;
2. The undersigned, for both Attendee and Attendee’s child/children, knowingly and freely assumes all such risks related to illness and infectious diseases, such as COVID- 19, even if arising from the negligence or fault of Organizer and the Released Parties named below; and
3. The undersigned, for both Attendee and Attendee’s child/children, hereby knowingly assumes the

risk of injury, harm and loss associated with attendance at or participation in the Events, including any injury, harm and loss caused by the negligence, fault or conduct of any kind on the part of Organizer and the Released Parties named below.

RELEASE AND WAIVER. FOR BOTH MYSELF AND MY CHILD/CHILDREN, I HEREBY RELEASE, WAIVE AND FOREVER DISCHARGE ANY AND ALL CLAIMS, DEMANDS AND LIABILITIES OF WHATEVER KIND OR NATURE AGAINST ORGANIZER AND ANY OTHER HOSTS OF THE EVENTS ATTENDED BY ME, INCLUDING IN EACH CASE, WITHOUT LIMITATION, SUCH PARTIES' DIRECTORS, OFFICERS, EMPLOYEES, VOLUNTEERS, AND AGENTS (THE "RELEASED PARTIES"), EITHER IN LAW OR IN EQUITY, TO THE FULLEST EXTENT PERMISSIBLE BY LAW, INCLUDING BUT NOT LIMITED TO DAMAGES OR LOSSES CAUSED BY THE NEGLIGENCE, FAULT OR CONDUCT OF ANY KIND ON THE PART OF THE RELEASED PARTIES, INCLUDING BUT NOT LIMITED TO DEATH, BODILY INJURY, ILLNESS, ECONOMIC LOSS OR OUT OF POCKET EXPENSES, OR LOSS OR DAMAGE TO PROPERTY, WHICH I, MY CHILD/CHILDREN, OUR HEIRS, ASSIGNEES, NEXT OF KIN AND/OR LEGALLY APPOINTED OR DESIGNATED REPRESENTATIVES, MAY HAVE OR WHICH MAY HEREAFTER ACCRUE ON OUR BEHALF, WHICH ARISE OR MAY HEREAFTER ARISE FROM OUR ATTENDANCE OR PARTICIPATION AT THE EVENTS, INCLUDING, SPECIFICALLY, ANY CLAIM OR DEMAND ARISING OUT OF OUR CONTRACTING COVID-19 OR ANY OTHER INFECTIOUS DISEASE AT SUCH EVENTS

BY ATTENDING AND/OR PARTICIPATING IN THE EVENTS, THE UNDERSIGNED IS DEEMED TO HAVE GIVEN A FULL RELEASE OF LIABILITY FOR BOTH THE UNDERSIGNED AND THE UNDERSIGNED'S CHILD/CHILDREN TO THE RELEASED PARTIES TO THE FULLEST EXTENT PERMITTED BY LAW.

Date: _____

Signature of Attendee

Print Name of Attendee

Signature of Attendee's Parent/Guardian

Print Name of Attendee's Parent/Guardian



Waiver and Release Form

ALL Participants **MUST** have this general release and indemnification of claims completed and turned in to their group leader upon arrival at this event. **This form MUST be completed and notarized for all participants.**

Please Review, Complete, Sign and Notarize.

Camp Location: _____

Camp Dates (including year): _____ / _____ / _____ to _____ / _____ / _____

Participating Church Name: _____

City: _____ State: _____

Name of Participant: _____

Gender of Participant: Male Female Participant Age: ____ DOB: ____ / ____ / ____

Please indicate what describes the Participant best: Camper Adult Child LEAD Team

Name of Parent/Guardian (Please Print): _____

Cell Phone Number of Parent/Guardian: (_____) _____

Work Phone Number of Parent/Guardian: (_____) _____

Email Address of Parent/Guardian: _____

Assumption of Risk: I am aware of the risk associated by or with participation in this camp. I voluntarily assume full responsibility for any risk of loss, property damage or personal injury, including death that may result from participation from camp activities.

CONNECT Participants: Recreation is offered to build community amongst your group in a fun but in an environment with safety as a priority. It will include physical and challenging activities that may include running, lifting, climbing, descending, carrying, moving, jumping or working with other people during physical activity. Activities may create elevated heart and respiratory rates and require physical exertion. Additionally, unforeseen weather or forces of nature could be encountered during recreation activities.

SERVE Participants: Missions activities including, but not limited to running, playing, moving items, conducting activities, stocking, painting, building light construction projects, removing debris, rubbish or other items may have inherently dangerous elements that involved risks, including but not limited to carrying heavy supplies, using hand tools, climbing ladders, using paints, nailing and serving in various conditions in often high summer temperatures. All participants will be transported to and from worksites under the care and supervision of the church group and leader they came with. It is the responsibility of participants to only participate in activities that they are qualified for and are able to perform safe practices at their specific worksite. Work will be done under the supervision the group leader at each site. All work is done voluntarily and participant assumes any and all risk associated with such activities.

Photography/Video Acknowledgment: Throughout the event there may be photographs and video taken for marketing and promotional purposes. I acknowledge that and grant permission for such media to be used in promotional materials.

Release and Indemnity: I acknowledge and agree that I or my agents hold harmless, release forever, and agree not to sue youthministry360, it's leadership, agents, venues, locations, community partners, volunteers, sponsors from any and all claims or demands related to personal injury, sickness, and even death, as well as any property damage or related expenses, incurred by my participation or my minor child during Generate by YM360. In the event of a medical need, I understand that the authorized agent of the church is responsible for care and decisions related to medical needs including, but not limited to medical consent, care, transportation, and communication with the home church and family. Any and all medical expenses that could be incurred if medical is needed are my sole responsibility and I release liability and understand that I or my minor participate in any and all activities at will.

Understanding: I acknowledge that I have read and understand this waiver and release and all its terms and my signature below represents that understanding and I freely relinquish legal rights, I have had the opportunity to obtain any and all counsel if needed and that by my signature, I understand and accept this agreement in full. Furthermore, it is understood that a copy of this form is treated as authentic and binding as the original.

Complete and sign below (participants who are minors per your state law require Parent/Guardian signature.)

I am a: Parent/Guardian Event Attendee who is 18 or older

Signature of Parent/Guardian: _____

Signature of Event Attendee: _____

Phone Number of Parent/Guardian: (_____) _____ Date ____ / ____ / ____

Notary Acknowledgement: The State of _____ County of _____ on _____ before me, _____, Notary Public, personally appeared _____ who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s) or the entity upon behalf of which the person(s) acted, executed the instrument.

Witness my hand and official seal.

Notary signature: _____ My commission expires: ____ / ____ / ____

ADULT

LAST NAME _____

MEDICAL RELEASE for Events January 1, 2023 - December 31, 2023

In consideration of me being allowed to participate in activities sponsored by LifeBridge Christian Church, I do hereby release, forever discharge, and agree to defend, indemnify and hold harmless LifeBridge Christian Church in Longmont and its employees, officers, directors, trustees, members, agents, elders, staff, trip sponsors, vehicle owners, and vehicle drivers from any and all liability, claims, suits or demands for personal injury, sickness, or death, emotional injury of any kind, as well as property damage and expenses, of any nature whatsoever which may be incurred by participating in an activity sponsored by LifeBridge Christian Church. I accept full personal financial responsibility for any loss of injury suffered by me including but not limited to any medical or hospital treatment rendered to me.

I understand that many of the activities will be physical in nature, may include travel and I hereby assume all risk of personal injury, sickness, death, emotional injury of any kind, damage, loss, and expenses as a result of participation in all activities involved therein.

I further agree to allow LifeBridge Christian Church to use photographs and video recordings to be used in promotional materials and products related to the church and its ministries free of charge.

I further hereby agree to defend, hold harmless and indemnify LifeBridge Christian Church, its elders, employees, officers, directors, trustees, members, staff, and agents, (including trip sponsors and vehicle owners) for any liability, loss, or damage sustained by said church as the result of the negligent, willful or intentional acts of said participant, including expenses incurred attendant thereto.

I hereby grant my permission to be taken to a doctor or hospital and hereby authorize medical treatment, including, but not in limitation to, emergency surgery or medical treatment, and I assume the responsibility and agree to pay all medical bills including hospital, doctor, ambulance, etc., if any.

If a dispute over this agreement or any claim for damages arises, I agree to resolve this matter through a mutually acceptable alternative dispute resolution process. If LifeBridge Christian Church and I cannot agree upon such a process, I agree to arbitrate the matter at the Judicial Arbitrator's Group in Denver, Colorado.

X _____ Signature	_____ Date
----------------------	---------------

Name _____ Birth Date _____ Male _____ Female _____

Home Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell _____

Work Phone _____ Email _____

Emergency Contact (in case you cannot be reached):

Name: _____ Relationship: _____

Home Phone: _____ Work: _____ Cell: _____

Primary Care Physician: _____ Phone: _____

Medical Information:

Are you taking medication (prescription/over-the-counter)? Please indicate: _____

Are you allergic to any medicine? Please indicate: _____

List any other allergies (explain): _____

List medical conditions: _____

List surgeries: _____

Insurance Info:

1. Bill sent to your insurance company or directly to you.

2. Name of the person responsible for the bill: _____

3. Name of the Health Insurance Company, Policy #, and mailing address:

4. If insurance is through an employer, please list the name and address of the employer:

5. Whose name is the insurance in? _____

6. Policy number for health insurance policy, if any: _____

Office Use: LS: _____ LK: _____ SIM: _____ Other: _____

LBCC MINOR RELEASE FORM **LAST NAME** _____
MEDICAL RELEASE for Events January 1, 2023 – December 31, 2023



In case of an emergency, I hereby give permission for my child, _____, (full name) to be treated by the physician or hospital selected by any of the adult sponsors of LifeBridge Christian Church activities.

In consideration of my child being allowed to participate in activities sponsored by LifeBridge Christian Church, I (we), do for myself (ourselves) and for and on behalf of my child-participant, do hereby release, forever discharge, and agree to defend, indemnify, and hold harmless LifeBridge Christian Church in Longmont and its employees, officers, directors, trustees, members, agents, elders, staff, trip sponsors, vehicle owners, and vehicle drivers from any and all liability, claims, suits, or demands for personal injury, sickness, or death, emotional injuries of any kind, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the child-participant that occur while said child is participating in an activity sponsored by LifeBridge Christian Church. I (we) accept full personal financial responsibility for any loss or injury suffered by my child-participant including but not limited to any medical or hospital treatment rendered to child-participant.

I (we) understand that many of the activities will be physical in nature, may include travel and, I (we), and on behalf of my (our) child-participant, hereby assume all risk of personal injury, sickness, death, damage, and expenses as a result of participation in all activities involved therein.

I (we) further agree to allow LifeBridge Christian Church to use photographs and video recordings of my child-participant to be used in promotional materials and products related to the church and its ministries free of charge.

I (we) further hereby agree to defend, hold harmless and indemnify said church, its elders, employees, officers, directors, trustees, members, staff, and agents, (including trip sponsors and vehicle owners) for any liability sustained by said church as the result of the negligent, willful or intentional acts of said participant, including expenses incurred attendant thereto.

I (we) are the parent(s) or legal guardian(s) of this participant, and hereby grant my (our) permission to take said participant to a doctor or hospital and hereby authorize medical treatment, including, but not in limitation to, emergency surgery or medical treatment, and I (we) assume the responsibility of all medical bills, if any.

If a dispute over this agreement or any claim for damage arises, I (we) agree to resolve this matter through a mutually acceptable alternative dispute resolution process. If I (we) and LifeBridge Christian Church cannot agree upon such a process, I (we) agree to arbitrate the matter at the Judicial Arbitrator's Group in Denver, Colorado.

<input checked="" type="checkbox"/>	_____	_____
Authorized Signature of Parent/Guardian	Date	

Name of Child _____
Birth Date (Month/Day/Year) _____ Grade _____ Male _____ Female _____
Home Address _____
City _____ State _____ Zip _____ Home Phone _____
Father's Name _____ Work Phone _____ Cell _____
Mother's Name _____ Work Phone _____ Cell _____

Emergency Contact (in case you cannot be reached):

Name _____ Phone _____ Cell _____ Email _____
Primary Care Physician _____ Phone _____

Medical Information

Is your child taking medication (prescription/over-the-counter)? Please indicate: _____
Is your child allergic to any medicine? Please indicate: _____
List any other allergies (explain): _____
List medical conditions: _____
List surgeries your child has had: _____

Insurance Information:

1. Bill sent to your insurance company or directly to you.
2. Name of the person responsible for the bill: _____
3. Name of the Health Insurance Company and mailing address: _____
4. If insurance is through an employer, please list the name and address of the employer: _____
5. Whose name is the insurance in? _____
6. Policy number for health insurance policy, if any: _____

Office Use: LS: _____ LK: _____ SIM: _____ Other: _____
