

YOUTH WAIVER FORM

Name of Organization: Williamston Free Methodist Church
Address: 4400 North Williamston Rd, Williamston, MI 48895
Telephone: (517) 655-3668
Name of Coordinator: Micah Valenti
Position of Coordinator: Student Ministries Pastor

General Information

Name of Participant: _____
Address: _____ **Phone :**() _____
Grade: _____ **School:** _____ **Birthdate:** ____/____/____

Activity Participation Agreement

(To be completed by participant and parent/guardian)

Name of Emergency Contact: _____
Relation to Participant: _____
Phone: () _____ **Additional Phone:** () _____
Is participant covered by personal/family medical insurance: [] Yes [] No
Name of Insurer: _____
Policy or Group Number: _____
Any medications/health condition we should be aware of? _____

By signing below, the participant and parent/guardian acknowledges and accepts the risks of physical injury associated in the activities relative with the Williamston Free Methodist Church Youth Group. Except for gross negligence on the part of the sponsor, the participant and parent/guardian accepts personal financial responsibility for any bodily injury sustained during any activity. Further, the participant and parent/guardian promises to hold harmless the sponsoring organization and its representatives for any injury related to the activities.

Signature of Participant: _____ **Date:** _____

Signature of Parent/Guardian: _____ **Date:** _____

