

MOSAIC Waiver & Consent Form
Emergency Medical Release and Liability Waiver Form
2024

Attendee's Name _____ Birth Date _____
Address _____ City _____
Zip Code _____ Attendee's Home Phone # _____ Attendee's Cell Phone # _____
Attendee's E-Mail _____ Family E-Mail _____

Emergency Information

Mother's Name _____ Home # _____ Cell/Alternate # _____
Father's Name _____ Home # _____ Cell/Alternate # _____

In an emergency when parent/guardian cannot be reached, please contact the following:

Name _____ Relationship _____
Home# _____ Cell#/Alternate # _____
Name _____ Relationship _____
Home# _____ Cell#/Alternate # _____

HEALTH CONCERNS *(Please identify any allergies (include foods, health problems, medications, or other health concerns):*

Family Physician: _____ Phone # _____
Dental Provider: _____ Phone# _____
Medical/Hospital Insurance Company _____ Grp# _____
Policy Holder's Name _____ Policy # _____

Additional Information that May Be Helpful _____

This authorization for Emergency Medical Treatment must be completed before participant can participate in any activities. Treatment for injury will be based on information provided herein.

DISCLAIMER

Williamston Free Methodist Church, MOSAIC and its leaders, directors, officers, employees, contractors, agents, volunteers, members and representatives (collectively referred to as "WFMC, MOSAIC"), are not responsible for any injury, loss or damage of any kind whatsoever sustained by any person or their property while participating in events, activities or travel with Williamston Free Methodist Church and all related activities associated with the Williamston Free Methodist Church, including injury, loss, sickness or damage.

ASSUMPTION OF RISKS

IN CONSIDERATION OF Williamston Free Methodist Church allowing me or my child to participate in events, activities, or travel with MOSAIC and all related activities associated with the WFMC, including participation in MOSAIC from **January 1st, 2024 through December 31st, 2024** inclusive, and all activities related to MOSAIC (collectively referred to as the "Activities"), I acknowledge that I am aware of the possible Risks, Dangers and Hazards associated with participation in the Activities including the possible risk of severe or fatal injury to myself or others.

RELEASE OF LIABILITY and AGREEMENT

IN CONSIDERATION OF Williamston Free Methodist Church allowing me or my child to participate in the Activities, I agree on behalf of myself and/or my child:

- 1. **TO ASSUME and ACCEPT ALL RISKS** arising out of, associated with or related to my or my child's participation in the Activities.
- 2. **TO WAIVE and RELEASE Williamston Free Methodist Church** from any and all liability for any loss, damage, injury, sickness or expense that I or my child may suffer, or that my next of kin may suffer as a result of my or my child's participation in the activities due to any cause whatsoever, including Covid.
- 3. **TO INDEMNIFY and HOLD HARMLESS Williamston Free Methodist Church** from any and all liability for any damage to the personal property of, or personal injury to, any third party resulting from my or my child's participation in the activities.
- 4. **TO INDEMNIFY and HOLD HARMLESS Williamston Free Methodist Church** from any and all claims, demands, actions and costs for any loss, injury, damage or expense whatsoever that might arise out of my or my child's participation in the Activities. This includes the possibility of coming in contact with people who may unknowingly have covid. The WFMC and the WFMC young adult program and its leaders will not be held liable in any capacity in any regards to covid. Covid being a virus has the potential to be carried by someone who unknowingly is carrying it. By attending outings, trips, camps and any gathering under the WFMC young adult program you are acknowledging and accepting that there is always a possibility and risk of covid and that you will not hold WFMC/MOSAIC responsible if your child comes in contact, contracts or acquires any type of harm from covid or complications associated with covid.

MOSAIC PARTICIPATION CONSENT

Acknowledgment of Participant:

I, the undersigned Participant, understand that I am responsible to act in a safe and responsible fashion, to follow the instructions or directions of the persons in charge of MOSAIC, and to obey requests to comply with safety regulations as directed by the persons in charge of the MOSAIC, including designated leaders and drivers of private or public transportation. I will be solely responsible for myself, will wear a seat-belt when available and will not disturb or distract the driver when using private or public transportation to travel to and from MOSAIC activities. At all MOSAIC sports events or other activities, I acknowledge that it is my responsibility to obtain and wear appropriate safety equipment. I will not endanger the safety of others or myself at any activities, outings or sports events of the MOSAIC or when using private or public transportation for travel to and from such activities. I also understand that I may be photographed or appear in video for such purposes as WFMC deems necessary.

Acknowledgment of Parent or Guardian of Participant:

We, the undersigned Parents or Guardians of the Participant, hereby authorize and consent to the Participant's involvement in MOSAIC, including any use of private or public transportation deemed necessary by the persons in charge of the MOSAIC for participant travel to and from MOSAIC activities, or to the NEAREST SUITABLE MEDICAL or HOSPITAL FACILITY in the event that emergency or other medical treatment not available at the site of a MOSAIC activity is deemed advisable. We hereby consent to and authorize such emergency or other medical treatment of the Participant as may be deemed advisable in the event of accident, injury, or illness during the activities of the MOSAIC. We also understand that the participant may be photographed or appear in video for such purposes as MOSAIC deems necessary.

ACKNOWLEDGEMENT and SIGNATURE

I UNDERSTAND THAT THIS IS A LEGAL AGREEMENT that is binding upon myself and my heirs, executors, administrators, successors and assigns. **I HAVE READ AND UNDERSTAND THE TERMS OF THIS AGREEMENT** and **I ACKNOWLEDGE THAT** by signing this agreement voluntarily, I am agreeing to abide by its terms and I am waiving certain legal rights that my child or I may have.

This Consent, Authorization and Acknowledgment shall be effective from and including January 1st, 2024 to/and including December 31st, 2024.

Signature of Parent or Guardian Date
(if Participant is under 18 years of age)

Signature of Participant Date

Printed Name of Parent Date

Printed Name of Participant Date