

**PARTICIPANT/PARENT/GUARDIAN WAIVER, MEDICAL RELEASE,  
AND INDEMNITY AGREEMENT**

**Vineyard Community Church**  
1190 W. Winchester Road  
Libertyville, Il. 60048

Program/Activity: \_\_\_\_\_ Date: \_\_\_\_\_

Participant: \_\_\_\_\_

Address of Participant: \_\_\_\_\_

In consideration of your accepting me or my child for participation in the above-named program, activity, or sport, I hereby, for myself, my heirs, executors, and administrators, waive and release any and all rights and claims for damages that I may have against the above-named organization and its agents, employees, representatives, successors and assigns for any and all injuries suffered by myself or my child that arise out of the above-named program, activity, or sport sponsored by the above named organization.

I warrant that I have the right to authorize the foregoing and do hereby agree to hold the above-named organization harmless of and from any and all liability of whatever nature which may arise out of or result from such participation.

For the consideration stated above, I further agree that in the event that my child or I should make any claim against the above-named organization for damages arising out of the above-named program, activity, or sport, I will personally indemnify, defend, and hold harmless the organization and its agents, employees, representatives, successors, and assigns against any and all loss and damage occasioned thereby, including attorneys fees.

I have read and understand this Agreement and have willingly placed my signature below as evidence of my acceptance of all the conditions contained herein.

Please complete the following for medical emergency care:

Name of emergency contact: \_\_\_\_\_

Telephone: \_\_\_\_\_  
*(Day time)* *(Evening)*

Is supervising sponsor authorized to approve medical treatment?  Yes  No

Is participant covered by personal/family medical insurance?  Yes  No

If yes, name of insurer: \_\_\_\_\_

Policy or group number: \_\_\_\_\_

Signature: Participant \_\_\_\_\_ Date \_\_\_\_\_

*(If participant is not a minor)*

Parent \_\_\_\_\_ Date \_\_\_\_\_

*(If participant is a minor)*

Guardian \_\_\_\_\_ Date \_\_\_\_\_

*(If participant is a minor)*