

The Well Activity/Trip Release, Waiver, Indemnity and Assumption of Risk Agreement

We at The Well AKA First Baptist Church Poway ("The Well") request that all participants read and sign this Release, Waiver, Indemnity and Assumption of Risk Agreement to indicate that they have accepted all risks personally when participating in sporting activities, music department outings, mission trips, and youth outings sponsored by The Well, including travel to these activities (collectively "Participation"). We strongly encourage anyone without medial insurance coverage not to expose themselves and/or The Well to the financial ramifications of possible injury from Participation.

The undersigned agrees as follows:

I fully understand and acknowledge that there are risks and dangers associated with Participation which could result in property or bodily injury, partial and/or total disability, paralysis and death. These risks and dangers may be caused by my action, inaction or negligence or that of other third parties, including the Released Parties, as described below. There may also be other risks and dangers which are unknown or not reasonably foreseeable at this time.

I accept and assume the risk and responsibility for any loses and/or damages for any such injury, disability, paralysis or death, however caused and whether caused in whole or in part by the negligence of the Released Parties.

I hereby release, waive, discharge and agree not to initiate any form of legal action against The Well, its pastors, elders, officers, agents, employees and volunteers (collectively "Released Parties") for any and all rights, claims, liabilities, lawsuits, damages, and expenses, including attorneys' fees, of any kind, known or unknown, existing or arising in the future, including those arising from negligent conduct of the Released Parties ("Claims and Damages") which I have or may have in the future against Released Parties resulting from or related to my Participation.

I further agree to indemnify and hold the Released Parties harmless against any Claims and Damages arising out of or in any way connected with my Participation.

MY SIGNATURE BELOW INDICATES THAT I HAVE READ THIS ENTIRE DOCUMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT IT AFFECTS MY LEGAL RIGHTS, AND AGREE TO BE BOUND BY ITS TERMS.

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SIGNATURE OF PARTICIPATE

PRINTED NAME OF PARTICIPATE

DATE

Emergency contact person & phone number

PARENT OR GUARDIAN'S ADDITIONAL INDEMNIFICATION

(Must be completed by legal guardian for participants under the age of 18)

In consideration of _____ (print minor's name) ("Minor") being permitted by The Well to participate in activities, outings, and/or trips, I acknowledge that I have read and understand the Activity/Trip Release, Waiver, Indemnity and Assumption of Risk Form, agree to be bound by its terms, and further agree to indemnify and hold Released Parties harmless from any and all Claims and Damages which are brought by, or on behalf of Minor, and which are in any way connected with such Participation by Minor. If I can not accompany the Minor in this event, I authorize **PASTOR RIK WADGE AND/OR THE HIGH SCHOOL STAFF/VOLUNTEER PERSON(S) AND/OR THE MIDDLE SCHOOL STAFF/VOLUNTEER PERSON(S) IN CHARGE OF THE ACTIVITY/TRIP/CAMP** to **accompany and take full responsibility** for the minor.

*Parent or Guardian _____ Print Name _____

Person responsible for minor _____ Print Name _____

Digital pictures and videos are taken during student activities. These pictures and/or videos may be used on The Well web site. Student and parent must sign and date to authorize digital pictures or video of students to be used on The Well web site and/or public displays or promotional materials. Pictures will not include student's name or any other form of identification.

I authorize digital pictures and/or video of me to be included on The Well web site:

*Student's signature _____ Date _____

I authorize digital pictures and/or video of my child to be included on The Well web site:

*Parent's signature _____ Date _____

***Must have a signature**

A COMPLETED MEDICAL RELEASE FORM WITH PROOF OF MEDICAL INSURANCE COVERAGE MUST ACCOMPANY THIS FORM.