

PARTICIPANT AUTHORIZATION
First Presbyterian Church San Mateo dba Waypoint Church

Name _____ Birth Date _____

Address _____

Home Phone _____ Mobile Phone(s) _____

Emergency Contact(s) and Phone No.'s _____

Doctor's Name _____ Phone No. _____

Doctor's Address _____

Dentist's Name _____ Phone No. _____

Insurance Information and Policy No. _____

Please list any medical allergies, medications being taken, medical problems or other pertinent information.

This information will remain on file in the church office. Please update as necessary

I hereby agree to participate in all activities under the Church auspices whether within the confines of the Church building and grounds or on organized trips away from the Church premises, including trips to and activities in Mexico. In the event any illness or accident should befall me while participating in these activities, I hereby request and authorize any adult conducting such activity for the Church to secure emergency medical treatment at any hospital or by any qualified medical personnel for me and agree to pay for same.

I further release the said First Presbyterian Church San Mateo dba Waypoint Church and its representatives, including both volunteer and professional personnel, from any claim for injury and/or damage of any kind that may befall me and agree to indemnify and save and hold them harmless from same.

I recognize that some Church activities will require that volunteer drivers transport passengers to and from Church-sponsored events. Passengers, who ride with volunteer drivers, and parents or guardians of the passengers, must assume the risk that an accident may occur. In no event will the Church be held responsible. I understand that I am waiving for myself all claims against First Presbyterian Church San Mateo dba Waypoint Church and its staff members, employees and volunteers for injury, accident, illness, or death occurring during or by reason of any Church-sponsored trip or activity, and agree to indemnify, and save and hold them harmless from same.

In addition, participants may be photographed during Waypoint activities. These photos may be used anonymously for promoting or sharing activities in printed materials, electronically on the church website, and/or on social media. For more information contact the Waypoint Office at 650-345-1633.

The Undersigned further expressly agrees that the foregoing release, waiver and indemnity agreement is intended to be as broad and inclusive as is permitted by law in the State of California, and that if any portion is held invalid, it is agreed that the balance shall continue in full force and effect.

I HAVE READ THIS RELEASE

Participant's Signature

Date

This form is effective for one year from date of signature