

Campus View church of Christ

Waiver and Indemnity Agreement

Name of Participant (*please print*): _____

In consideration of your accepting me/my child for participation in the activities, events, and trips with Campus View church of Christ, 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 Campus View Church of Christ of Athens, GA (hereafter "**Church**"), and its officers, elders, ministers, leaders, supervisors, agents, servants, employees, and all private persons or organizations volunteering services without charge to supervise or chaperone me/my child while on any trips or activities (hereafter "**Church Affiliates**") from any claim or liability whatsoever, including, but not limited to, personal injury, property damage, court costs, attorneys' fees and interest, however caused, by myself/my child as a result of my/my child participating in the trip or activity.

I do further agree that the Church and the Church Affiliates reserve the right to terminate my/my child's participation for failure to behave and act in accordance with the Church's regulations on conduct, for failure to follow the instructions or directions of the Church Affiliates, or for any of my/my child's acts of conduct deemed by the Church or Church Affiliates to be detrimental to or incompatible with the interest, harmony, comfort or welfare of any event, trip, or activity as a whole. If the participation of the above Participant is terminated, only the funds not actually used will be refunded, and I/my child will be sent home at my expense.

LIMITED POWER OF ATTORNEY: If I cannot be immediately contacted, I grant full power of attorney to the official representative or chaperone in the event of accident or illness of the above Participant at any time from the commencement to the termination of the trip, to do as follows:

1. To arrange for the transportation of the above Participant, whether by ambulance or otherwise, to a proper facility where emergency medical treatment would normally be administered, including, but not limited to, an emergency room of a hospital, a doctor's office, or a medical clinic, and
2. To sign any releases as may be required in order to obtain any medical or surgical treatment as is required in the judgment of medical authorities at the facility.
3. To do and perform every act necessary and proper to be done in the exercise of any of the foregoing powers as fully as I might or could do if personally able, with full power of substitution and revocation hereby ratifying and confirming all that my said attorney(s) shall lawfully do or cause to be done by virtue hereof.
4. I further aver that I have disclosed all known medical conditions, allergies, hypersensitivity's, illnesses (chronic or otherwise) and other medical information to my said attorney(s) pertaining to above Participant.

Signature(s): Participant Signature: _____ Date: _____
(Provide proof of age if not a minor)

If Participate is a minor, provide Parent/Legal Guardian information below:

Parent/Legal Guardian Name: _____

Parent/Legal Guardian Signature: _____ Date _____

Notary: Notary Public Signature: _____ Date _____

My Commission Expires: _____