

Sitka United Methodist Church
303 Kimsham
Sitka, AK 99835

The undersigned are granted permission to _____
_____ (Description of activity)
at _____ (description of premises/location)
on _____ (designated date & time)

The undersigned pledges to conduct the above activity in a safe and prudent manner.

The undersigned acknowledge(s) that the above activity may involve risk and danger of bodily injury and with such knowledge hereby release(s), hold(s) harmless, discharge(s) and covenant(s) not to sue the Sitka United Methodist Church or the Alaska United Methodist Annual Conference of the United Methodist Church, their agents, directors, employees and affiliated entities with respect to all claims, damages and liability arising from the undersigned's involvement in the above activity, including but not limited to bodily injury, death or property damage of loss. The undersigned hereby represents that they believe themselves to be qualified to participate in these activities and to be in good physical and mental health and in proper physical condition for such participation. The undersigned further acknowledge that United Methodist Church has not represented that it has superior knowledge of external conditions at the activity site, that Sitka United Methodist Church has not provided guarantees of safety while the undersigned is conducting this activity, and that any and all risk are voluntarily assumed by the undersigned.

In addition to the foregoing, the undersigned hereby consents and authorizes Sitka United Methodist Church, through any adult leader, to order for or consent to on behalf of the undersigned such medical, surgical and/ or other treatment, care and medications as may, in Sitka United Methodist Church judgment, be deemed necessary or advisable in connection with the undersigned's participation in these activities. The undersigned further agrees that any physician or other healthcare professional that renders such treatment may release information pertaining to such treatment to Sitka United Methodist Church and that any medical, surgical or health-related information pertaining to the undersigned may be released by Sitka United Methodist Church to any healthcare professional providing such treatment to the undersigned. In the event that any such treatment is required, Sitka United Methodist Church will attempt to notify designated emergency contact of the undersigned as soon as reasonably practicable after the treatment is rendered.

A photocopy of this authorization is as valid as the original. The undersigned represent(s) and warrant(s) that they have read this document, fully understand(s) its contents, and have the legal authority to execute the document, and to release Sitka United Methodist from any and all liability resulting from the above- noted activities. The undersigned hereby agree(s) to be fully responsible for all financial obligations arising from the above noted activities and further agree(s) to comply with all regulations and requirements of Sitka United Methodist Church.

SIGNED AND DATED

Participant (s) Signature and Date

Printed Name of Participant (s)

Street Address

Telephone

City/ State/ Zip

Alternate Phone

Emergency Contact and Phone: _____

