

# Adult Permission Waiver

(18 and Older)

Name of Participant (please print) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_

## Medical History

1. Do you have any known physical disability or illness which might interfere with your participation in strenuous activities? If so, please explain.
2. Do you have any severe allergies or reactions to drugs or medicines? Explain.
3. Do you have any severe allergies or reactions to foods? Explain.
4. Are you presently taking any medications or on any special diet or exercise restrictions? If yes, please list specific details (name of drugs, dosage, etc.).
5. Indicate the date of last Tetanus shot: \_\_\_\_\_.
6. Are there any emotional/social disabilities that would be helpful for us to be aware of?

## Health Insurance

Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_ Phone Number \_\_\_\_\_

Medical Doctor \_\_\_\_\_ Phone Number \_\_\_\_\_

## Emergency Contacts

Name of persons and telephone numbers to call in case of emergency:

Name \_\_\_\_\_ Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Name \_\_\_\_\_ Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

## NOTICE TO PARTICIPANT

READ THIS FORM COMPLETELY AND CAREFULLY. YOU ARE AGREEING TO ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY / ACTIVITIES. YOU ARE AGREEING THAT, EVEN IF THE FELLOWSHIP OF CHRISTIAN ATHLETES USES REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE YOU MAY BE SERIOUSLY INJURED OR KILLED BY PARTICIPATING IN THIS ACTIVITY BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THE ACTIVITY WHICH CANNOT BE AVOIDED OR ELIMINATED. BY SIGNING THIS FORM, YOU ARE GIVING UP YOUR RIGHT TO RECOVER FROM FELLOWSHIP OF CHRISTIAN ATHLETES IN A LAWSUIT FOR ANY PERSONAL INJURY, INCLUDING DEATH, OR ANY PROPERTY DAMAGE THAT RESULTS FROM THE RISKS THAT ARE A NATURAL PART OF THE ACTIVITY. YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM AND THE FELLOWSHIP OF CHRISTIAN ATHLETES HAS THE RIGHT TO REFUSE TO LET YOU PARTICIPATE IF YOU DO NOT SIGN THIS FORM.

### Assumption of Risk

I agree to participate in this FCA activity and in doing so I represent that I understand the nature of this activity and that I am qualified, in good health, and in proper physical condition to participate in such activity. I acknowledge and fully understand that these sport activities involve inherent risks of injury, including concussions, fractures, sprains, strains, contusions, serious bodily harm, and even death. I recognize that the risks include collisions, falls, and contact with other participants, equipment, and playing surfaces, as well as the potential for improper technique, fatigue, and overexertion. Additionally, I understand that the use of protective equipment, such as helmets, pads, and mouthguards, may reduce but not eliminate the risk of injury. I also acknowledge transportation-related risks and the existence of other risks inherent in this activity of which I may not be presently aware. I acknowledge that these risks may result from or be compounded by the actions, omissions, or negligence of FCA or others, including negligent emergency response or rescue operations by FCA. **By signing this Permission Waiver Form, I expressly warrant that I am capable of withstanding both the physical and mental demands of the activity discussed above. I also expressly assume all risks of being on the premises and participating in the activity, whether such risks are known or unknown to me at this time, including injury, illness, disability, death, or other loss, whether caused by the ordinary negligence of FCA or otherwise.**

### Release of Liability

I expressly release FCA and its leaders, employees, Officers, Directors, volunteers and agents, and the employees, officers, directors, volunteers and agents of the premises, venue, or facilities in which this activity takes place ("Releasees") from any claim on my account that I may have or that I may have against them as a result of injury, illness, or any other harm incurred during the course of participation in the activity and while present at the premises, venue or facilities in which this activity takes place, whether caused by the ordinary negligence of FCA or otherwise. This release of liability is also intended to cover all claims that members of my family or estate, heirs, representatives or assigns may have against Releasees. I covenant not to make or bring any such claim against FCA or any other Releasee, and forever release and discharge FCA and all other Releasees from liability under such claims. This waiver and release does not extend to claims for gross negligence or willful misconduct.

### Indemnification and Hold Harmless

I further agree to indemnify and hold harmless the Releasees from any and all claims, demands, debts, suits, claims and causes of action, including reasonable attorneys' fees and insurance-related costs,

arising from or in any way related to my participation in its activities and programs, or as a result of injury, illness, or other harm incurred during such activities. This includes any claim related to my own negligence or the ordinary negligence of FCA.

### **First Aid and Emergency Medical Treatment**

I recognize that there may be occasions where I may need first aid or emergency medical treatment as a result of an accident, illness, or other health condition or injury. I hereby give permission for agents of FCA to obtain medical treatment, including hospitalization, for me if such need arises in the agent's opinion. I agree to pay all fees and costs arising from this action to obtain medical treatment. I release, discharge, and hold harmless FCA from any claim based on such treatment or other medical services.

I give permission for attending physician(s) and other medical personnel to administer any needed medical treatment, including surgery and, again, I agree to pay for the medical treatment.

### **Release to Use Image and Likeness**

On occasion, FCA or its representatives takes photographs or makes an audio or video recording of children and/or adults involved in activities. I understand that these materials are the property of FCA, and grant FCA and Releasees permission to use my name, image, and likeness in a photograph, video, or other digital media taken at the Activity. Such materials may be used in FCA publications or advertising materials. These images and recordings may also be used by FCA or its agents to produce ministry resources for staff training, Camp or Campus Ministries, or in other ways to promote the ministry of FCA. FCA may also make these materials available for sale to the public. Such photographs or video records may also be used by staff and participants to remember the activities and participants.

Local news organizations may hear of our activities or events, and our organization may invite or allow them to photograph or record our events for news reporting on special interest features. I consent to the use of any such audio or visual record of myself to be used, distributed or displayed as agents of the organization see fit. This consent includes but is not limited to photographs, video and audio recordings.

### **Entire Agreement**

This Waiver contains the parties' entire agreement with respect to the above subject matter, superseding all prior understandings or agreements. This Waiver can only be modified in writing signed by all parties.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

**Other Information leaders should know about the participant:**

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Signature \_\_\_\_\_ Date \_\_\_\_\_



**FELLOWSHIP OF  
CHRISTIAN ATHLETES**