

Wesley Foundation, FSU, Inc.
Disclosure of Risks and Waiver and Release of Liability

Name:

Personal Information

Student Name:	Cell Phone:	Email:
Home Address:		
Home Phone:	Date of Birth:	Gender:

Medical Information

Insurance Company Name:		Ins. Company Phone:
Type of Coverage:	Member ID:	Blood Type:
Physician:	Physician Phone:	
Physician Address:		

Emergency Contact Information

Name:	Relationship:	Phone:
Address:		
Name:	Relationship:	Phone:
Address:		

The undersigned, in consideration for permitting me/my child to engage in the events or activities organized or sponsored by the **Wesley Foundation, FSU, Inc.**, a/k/a/ FSU and TCC Wesley Foundation (“Wesley Foundation”), and other valuable consideration, the receipt and sufficiency of which is hereby acknowledged, does hereby release the Wesley Foundation, its employees, officers, directors, and members, from any and all liability including, but not limited to, damages, costs and attorney's fees arising from any injuries incurred in connection with any events or activities organized or sponsored by the Wesley Foundation in which I/my child participates.

I recognize the following to be true and correct and grant this release with full knowledge that:

I/my child will attend events or activities organized or sponsored by the Wesley Foundation that will require travel away from the Wesley Foundation property. I understand that the Wesley Foundation will be assisting in arranging for transportation to and from any event or activity. Before leaving on the trip, the name of the driver of the vehicle providing transportation will be provided and I understand that I am trusting and relying upon the driver's skill in transporting me/my child to and from the event or activity. I/my child assumes all the risks associated with traveling to and from the event or activity including all risk of being involved in an accident or mishap and any risks or mishaps that may occur within the course of the event or activity in which I/my child have chosen to participate. The Wesley Foundation has advised me/my child that alternative transportation may be arranged by me/my child or that I/my child can notify the Wesley Foundation of an intention to transport me/my child to and from any event or activity. If I/my child carools with other students to attend an event or activity sponsored by the Wesley Foundation, I understand that I/my child has permission from the Wesley Foundation to leave a vehicle in the Wesley Foundation parking lot. I/my child assume all risk involved with leaving any vehicle in the parking lot. The Wesley Foundation has advised me/my child that I/my child should possess personal insurance that will protect me/my child in the event of any accident which occurs during any event or activity. I understand that if I/my child is the driver of a vehicle going to an event or activity, the driving record of the driver may be processed through the Department of Highway Safety and Motor Vehicles or similar entity and that permission to drive may be denied based upon the information obtained.

The event or activity may be dangerous and may result in bodily injury to me/my child.

I/my child may sustain injuries while engaged in the events or activities and I, or my child, may incur medical expenses and other costs resulting from such injuries, all of which are impossible to predict.

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I, individually or as the parent and/or legal guardian, in consideration of the Wesley Foundation granting the permission herein for me/my child to engage in the events or activities organized or sponsored by the Wesley Foundation, do hereby expressly stipulate and agree to indemnify and hold forever harmless the Wesley Foundation, its employees, officers, directors, members, successors and assigns, against loss for any and all claims, demands or actions in law or equity that may hereafter at any time be made or brought by me or brought by anyone on behalf of me for the purposes of enforcing a claim for damages on account of any injuries received or sustained as a consequence of me/my child engaging in the events or activities organized or sponsored by the Wesley Foundation.

I hereby warrant that I have read and understand this document, and that I am of sound mind, in good health, over the age of eighteen (18) years, and fully understand that I and my heirs, next of kin, assigns and/or legal representatives are fully precluded by the signing of this document from bringing any suit whatsoever against any party engaged in or connected in any way with the activity described in the attached activity permission form or described on the back of this form.

Having read this release and knowing these facts and in consideration of the Wesley Foundation allowing me or my child to participate in any event or activity organized or sponsored by the Wesley Foundation, I, for myself, my heirs and everyone entitled to act on my behalf, waive, discharge, release, and pledge not to sue the Wesley Foundation, its respective administrators, directors, agents, and others connected with the Wesley Foundation from any and all liability, of any kind including but not limited to personal injury, death or damage to property caused by or alleged to be caused in whole or part by the negligence of the Wesley Foundation or otherwise during any events or activities.

If I/my child should incur injury or illness during any event or activity, I give permission to transport me/my child to a health care facility for treatment and consent to the provision of medical or health care deemed necessary by the treating health care professionals.

I/my child am voluntarily participating in the ministry of the Wesley Foundation and am willing to assume any of the risks that this might entail.

I HAVE READ THE ABOVE DISCLOSURE OF RISKS AND WAIVER, AND RELEASE OF LIABILITY OF THE WESLEY FOUNDATION.

IN WITNESS WHEREOF, I have signed this release agreement this _____ day of _____, 20_____.

Participant/Parent and/or Legal Guardian

Witness

Sworn to and subscribed before me this _____ day of _____, 20_____.

Notary Public

Print, type or stamp commissioned name of Notary Public

State of _____

My Commission Expires: _____

Personally known: _____ or produced identification _____. Type of identification produced: _____

Signature: _____

Date: _____