

**Integrated Community Ministries, Inc. (ICM)
Waiver & Release of Liability**

This is a release of liability. Read before signing!

Note: This form must be read and signed before the participant will be allowed to stay at ICMs Bunkhouse and/or participate in planned activities both on ICM properties and in the community

Participant's Name: _____

Date of Birth: _____ Group Name: _____

In consideration of being permitted to participate in any way, I acknowledge, appreciate, and agree that:

1. Risk of injury from the activity is possible and while particular care is taken to minimize the risk, the risk of serious injury does exist.
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE of those persons released from liability below, and assume full responsibility for my participation.
3. I, for myself and on behalf of my heirs, assigns, personal representatives, and next of kin, HEREBY RELEASE AND HOLD HARMLESS Integrated Community Ministries, Inc. their officers, officials, agents, and/or employees ("Releases"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to personal property, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.
4. I understand and will comply with ICM's Rules and Safety Guidelines.
5. I understand and agree that this Release of Liability Agreement covers each and every trip, activity, and event in which I participate hereafter.

I have read this release of liability and assumption of risk agreement, I fully understand its terms, and understand that I have given up substantial rights by signing it, and sign it freely and voluntarily without any inducement.

Signature: _____ Date: _____

Print Name: _____ Phone: _____

Address: _____

**APPLICABLE IF ABOVE SIGNER IS UNDER 18 YEARS OF AGE
PARENT OR GUARDIAN MUST READ THIS FORM AND SIGN BELOW**

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree not only to his/her release of Integrated Community Ministries, Inc. and all other releases, but also to release and indemnify the releases from any and all liabilities incident to his/her involvement in these programs for myself, my heirs, assigns, and next of kin.

Parent/Guardian Signature: _____ Date: _____

EMERGENCY PHONE #(S): _____

Address: _____

Integrated Community Ministries, Inc.

EMERGENCY MEDICAL PERMISSION FORM

I the undersigned parent or guardian hereby give permission for Integrated Community Ministries, Inc. to authorize emergency medical treatment as may be deemed necessary for the child named below while participating in a trip/activity.

Student's Name: _____ Date of Birth: ___ / ___ / ___

Address: _____

Parent/Guardian Signature: _____

Date: _____

Insurance Policy Number: _____

Insurance Company: _____

Insurance Company Address: _____

Policy Holder's Date of Birth: _____

Primary Phone Number: _____

Secondary Phone Numbers: _____