



WAIVER & RELEASE FROM LIABILITY

Grades 5-12 · 2024-2025

Student's Last Name _____
Student's Grade in 2024-25
5 6 7 8 9 10 11 12

COMPLETED BY PARENT/GUARDIAN & CHILD

Please initial on the lines provided, parent/guardian on the left, child on the right.

[Adult] _____
[Child] Wellspring Church is not responsible for the loss or theft of personal belongings.

[Adult] _____
[Child] Misconduct may result in transportation home from an activity at student or his/her parents' expense.
A student dismissed for a disciplinary reason will not receive a refund of the activity fee.

[Adult] _____
[Child] I hereby agree for my child, myself, my executors, administrators, heir, next of kin, successors and assigns:

a) I agree not to sue Wellspring Church, its employees, staff, agents, representatives, volunteers, drivers, activity hosts, sponsors, church members, affiliates, attorneys, successors, and/or agents ["Releasees"] for any claim, loss, damage, personal injury [including injuries causing death], property damage, or the like, suffered or incurred by me or my family member[s] in connection with any activity related to Wellspring Church, whether on or off Wellspring's premises, except in the case of gross negligence on the part of Wellspring Church staff or volunteers.

b) I additionally indemnify and hold Releasees harmless from any claims made or liabilities assessed against them as a result of my child's actions or inactions. I hereby assume all of the risks of participating in Wellspring Church Kids & Students Ministry activities.

COMPLETED BY PARENT/GUARDIAN

Please write your child's name in each blank.

I, the parent or legal guardian of _____, give permission for the above named child to participate in the activities conducted by Wellspring Church Kids & Students Ministry from September 2023 to October 2024.

I, the parent or legal guardian of _____, release Wellspring Church, and Releasees of any responsibility for accidental injuries sustained to, during and from all student ministry activities from September 2023 to October 2024.

In case of an emergency, I, the parent or legal guardian of _____, hereby give permission to the physician and/or hospital to order injection, anesthesia or surgery for my child as deemed necessary by the appropriate professionals and in accordance with my child's medical history.

I, the parent or legal guardian of _____, acknowledge that Wellspring Church and Releasees are not a transportation service and that they are not associated with any transportation service.

I, the parent or legal guardian of _____, acknowledge that Wellspring Church and Releasees have made no representations relating to the safety of the activity[ies] and that I am not relying on any alleged representations by Wellspring Church of any kind.

I, the parent or legal guardian of _____, acknowledge that Wellspring Church and Releasees are not an activity sponsor or promoter.

Photocopies of this signed original shall be deemed to be an original counterpart of this authorization.

STUDENT NAME _____ SIGNATURE _____
[PLEASE PRINT]

PARENT/GUARDIAN NAME _____ SIGNATURE _____
[PLEASE PRINT]

DATE _____ DATE _____

INSURANCE & ALLERGY INFO

Name of Insurance Company _____ Policy Number _____

Phone No. of Health Insurance Company _____

Name of Policy Holder _____ Policy Holder's Phone No. _____

Please list any existing medical conditions, including allergies, below.

Are there any special needs [ex. social disorders, disabilities, etc.] or special circumstances [ex. recent deaths in the family], that you would like us to be aware of?

If you would like to speak with a pastor regarding the needs of your child, contact Wellspring Students (jboerman@wellspringcc.org) at 662-8955.

PHOTOGRAPHY RELEASE

Photography or videos of events in which your student participates may be used for archival or promotional purposes. If you would rather that your child **not** be featured in any of these materials online in places such as [but not necessarily limited to] our website, our mobile app, social media such as YouTube, Facebook or Instagram or in print, please check the appropriate box and sign in the blanks.

- I wish to allow my child to be depicted in video or photography in any of Wellspring Church's official media channels.
- I do **NOT** wish to allow my child to be depicted in video or photography in any of Wellspring Church's official media channels.

PARENT/GUARDIAN NAME _____
(PLEASE PRINT)

SIGNATURE _____

DATE _____

PERSONAL DATA

Student Name _____ Gender Male Female

Date of Birth [MM/DD/YYYY] _____ Phone _____

Student Email _____

School Attending _____

Parent/Guardian Name #1

Parent/Guardian Name #2

Parent/Guardian Email #1

Parent/Guardian Email #2

Parent/Guardian Cell Number #1

Parent/Guardian Cell Number #2

Address _____ Zip Code _____