Waiver of Liability

Must be completed by all participants

Know all people by these present that I,

______________________________________, residing at

____

____

as a condition of membership in the RCYF program of Gibbsville Reformed Church, and in consideration for being admitted to such a membership, and for other good and valuable consideration, do hereby covenant and agree with the said Gibbsville Reformed Church, with principle offices at N3145 State Rd 32, Sheboygan Falls, WI, that, for myself, my heirs, executors, administrators, distributes and assigns, I agree not to commence or prosecute, and to hold the said Gibbsville Reformed Church harmless in the event of commencement or prosecution of, and demand, claim action, suit or proceeding which may be asserted against it with respect to any loss of property, damage to the same, personal harm or illness that may come to me while engaged in the activities of the said RCYF program. I understand that the said Gibbsville Reformed Church does not assume any liability for any such loss, damage, personal harm or illness.

IN WITNESS THEREOF

I have hereunto set my hand this day of __________________, 20____

____

(Name)

In the presence of _____________________________________

(Name of Witness)

____

(Address)

Emergency Information

Name: ____

Address: ____

____

Birthdate: ____________________

Home Phone: ________________

Work Phone: _________________

Email: ______________________________

Church Name: Gibbsville Reformed Church

In Case of Emergency, Please Contact the Following:

Name: ____

Address: ____

____

Home Phone: ________________

Work Phone: _________________

Email: _____________________________

Relationship: _______________________

General Health Statement

Your Name: ____

RCYF Programs   Retreats/Work Project

Dates of Service: October 1, 2009 – September 31, 2010

Although this is a relatively brief length of service, it is important that we be aware of any physical limitations or problems that you have. Do you consider your physical condition to be:

Rugged and Vigorous: ____ Good health: ____ Fairly Healthy: ____ Limited: ____

Do you have any physical or emotional conditions requiring attention, medication, or modification of workload?

Do you take any prescribed medications and if so, what?

Are you Allergic to any medications and if so, what?

Additional comments:

Doctor: ____

Address of doctor: ________________________________

Phone number of doctor: ___________________________

Insurance company: ______________________________

Contact Number: _________________________________

Insurance Agent: _________________________________

Phone Number: __________________________________

Address: _______________________________________

Signature: _________________________________ **Date**: ___________