

Indemnity, Release and Insurance Form

I, the undersigned, wish to voluntarily participate in the _____ (activity).

In consideration for being permitted to participate in the _____ (activity), in the city of _____, the state of _____, and country of _____, beginning the ____ day of _____, 20____, I, the undersigned, fully recognizing the dangers and hazards inherent in the _____ (activity), and any related transportation, including personal injury, property damage, or wrongful death, as well as the unknown dangers and hazards which may arise in the course of my participation in the _____ (activity), do hereby voluntarily:

Agree, for myself, my heirs and my personal representative, to defend, hold harmless, indemnify, release and forever discharge, to the broadest extent allowed by law, _____ (organization), its trustees, officers, employees, agents, insurers, successors, assigns, from and against any and all claims, demands, actions, or causes of action on account of any damage to real or personal property or any personal injury or death that may result from my participation in the above _____ (activity).

I have read this release, I understand it fully, I understand that it is legally binding, and I understand that, among other things, I am agreeing to indemnify _____ (organization), for injuries, damages or losses I may cause and giving up rights to sue _____ (organization) for injuries, damages or losses I may incur.

I give Matthew Road Baptist Church and/or It's Agents permission to seek Emergency Medical Treatment in the event I am unable to seek Emergency Medical Treatment on my own.

Check the box to digitally sign this form and type your name below:

Printed Name (Participant)

Signature of Participant

INSURANCE INFORMATION:

Medical/Health Insurance Company _____

Insurance Policy No. _____

In case of emergency, notify _____ Relationship _____

Phone No. _____

Other Phone No. _____

Allergies _____

Medicine being taken _____

Other information regarding my health that a doctor should know

