

Willowdale Chapel Special Needs Ministry Liability Waiver

I, _____, parent or legal guardian of _____, born on _____, _____, [and _____ born on _____, _____,] have fully disclosed to **Willowdale Chapel Special Needs Ministry** all pertinent facts about my child(ren)'s special needs, and accept full responsibility for the failure to do so. I understand the volunteers and staff want to provide the best possible care for my child(ren), and I have done all I can do to help the volunteers and staff to meet that goal.

While my child is participating in a Willowdale Chapel activity, I authorize the staff to provide special treatments or procedures to my child(ren) for which I hereby assure that I have provided all of the necessary instructions, supplies and equipment.

I release and will indemnify, protect and hold harmless Willowdale Chapel and its officers, elders, board members, pastors and associate pastors, agents, staff members and volunteers from all actions, damages, claims or liabilities, including personal injuries that may occur to my child(ren), and from all litigation, arbitration and/or mediation costs and attorneys' fees and other expenses, which may occur as a result of my child(ren)'s participation in programs or activities conducted by or involving the Willowdale Chapel Special Needs Ministry.

I understand and agree that in the event of a minor injury, my child(ren) may be given first aid treatment. I will be informed as soon as possible of any injury or condition of my child(ren) and will be responsible thereafter for the care of my child(ren).

In case of an emergency or accident, I understand that the Emergency Medical Services (EMS) will be called. I authorize EMS and all healthcare providers who might render urgent care to administer any medical treatment, medications, or appliance deemed necessary by EMS or such healthcare providers. I understand and agree that I will be responsible for payment of all EMS, hospital physician and other health care expenses that may be incurred in treating my child(ren). I authorize Willowdale Chapel staff and volunteers to share all of the information that I have provided or may in the future provide concerning the special needs and medical condition of my child(ren) and concerning the medical insurance arrangements that have been made for my child(ren).

I assure Willowdale Chapel that all of the information about my child(ren)'s special needs, medical conditions, and medical insurance coverage is true and correct. I hereby promise to advise Willowdale Chapel of any changes to any of the information. I understand and agree that Willowdale Chapel will rely on the assurances and promises that I am giving in this Special Needs Ministry Liability Waiver.

I have read the foregoing Special Needs Ministry Liability Waiver and agree to the terms stated therein.

Signed _____

Printed Name: _____ Date: _____

Medical Insurance Carrier: _____

Policy or Group Number: _____

Emergency Contact if Parent/Guardian cannot be reached:

Name: _____ Relationship: _____

Phone Number: _____