



**ANNUAL WAIVER AND RELEASE FROM LIABILITY WITH PERMISSION FORM  
FROM  
PARTICIPANT/PARENT/LEGAL GUARDIAN  
TO  
PAWLEYS ISLAND COMMUNITY CHURCH aka PICC**

I, \_\_\_\_\_, (the "Participant") desire to participate in activities and events in association with the Pawleys Island Community Church (hereinafter called "PICC") student ministry program *during the calendar year 2024* (the "Activities").

In consideration of being allowed to participate in any Activities or events sponsored by PICC and intending to be legally bound, I, the undersigned:

1. Acknowledge and fully understand that each participant will be engaging in Activities that may or do involve risk of serious injury, including permanent disability and death, and severe social and economic losses which might result not only from my own actions, inactions, or negligence, but the action, inaction, or negligence of others, the rules of play, or the condition of the premises or of any equipment used. Further, that there may be other risks not known to me or not reasonably foreseeable at this time.
2. Assume all the foregoing risk and accept personal responsibility for the damages following such injury, permanent disability or death associated with participation in the Activities.
3. Release, waive, discharge and covenant not to sue PICC or any of its officers, employees, volunteer staff members, agents, and other representatives, other participants, sponsoring agencies, and, if applicable, owners and lessors of premises used to conduct the event, all of whom are hereinafter referred to as "Releasees", from any and all liability to me, my heirs, executors, successors, next of kin, and assigns for any and all causes of action, claims, demands, losses, costs, or damages on account of injury, including death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the Releasees or other acts, whether directly connected to the Activities or not, whether known or unknown, and however caused, by any Releasee.
4. Accept personal financial responsibility for any bodily or personal injury sustained by me during all Activities.
5. Warrant that I have the right to authorize the foregoing and do agree to hold the Releasees harmless from and against any and all liability of whatever nature which may arise out of or result from my participation in the Activities.
6. Grant to PICC permission to take photographs, digital images, and videos of me ("Images"), and to display such Images on the PICC website, PICC Facebook page, and to include such Images on non-commercial informational brochures, DVDs, and similar media and materials.
7. Grant permission for me to receive medical treatment deemed necessary by a licensed physician chosen by the student ministry leaders and /or chaperones.
8. Agree that a reproduced copy of this Waiver and Release From Liability shall be as valid as the original.

**INDEMNITY AGREEMENT**

**If the participant is under the age of 18, the following covenants are made by the below-named Parent/Legal Guardian:**

For the consideration stated above, I agree to the foregoing terms and conditions on behalf of the Participant and further:

1. Agree that the parent(s) and/or legal guardian(s) will instruct the minor participant to conduct himself or herself in a safe manner and follow the rules set forth by the student ministry leaders and/or chaperones.
2. Agree that the parents(s) and/or legal guardian(s) will instruct the minor participant to immediately advise said leaders of any health problems or injuries he or she has prior, during, or after any and all Activities or events.
3. Agree that in the event that the Participant or I should make any claim against any of the Releasees for damages arising out of the Activities, I will personally indemnify, defend, and hold harmless the Releasees, and their respective agents, employees, representatives, heirs, executors, administrators, successors and assigns, against any and all loss and damage caused by said Activities, including attorney's fees. If a dispute over this agreement or any claim for damages arises, I agree to resolve the matter through mutually acceptable arbitration.

**I/WE HAVING READ THE ABOVE WAIVER AND RELEASE FROM LIABILITY, UNDERSTAND THAT I/WE HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND SIGN IT VOLUNTARILY. FURTHER, I/WE UNDERSTAND ALL OF THE CONTENTS OF THIS WAIVER AND RELEASE FROM LIABILITY AND ACCEPT ALL OF THE TERMS AND CONDITIONS CONTAINED HEREIN.**

Name of Participant: \_\_\_\_\_

Signature of Participant: \_\_\_\_\_

Date signed: \_\_\_\_\_ Location: \_\_\_\_\_

**If the Participant is under the age of 18, this Waiver and Release From Liability must be signed by a Parent or Legal Guardian:**

The undersigned Parent/Legal Guardian acknowledges and agrees that (1) the Participant has my permission to participate in the Activities, (2) I have read and understand this Waiver and Release From Liability and have willingly placed my signature below as evidence of my acceptance of all the terms and conditions contained herein and (3) I grant permission for the Participant to receive medical treatment deemed necessary by a licensed physician chosen by the student ministry leaders and /or chaperones.

Print Name of Parent/Legal Guardian: \_\_\_\_\_

Signature of Parent/Legal Guardian: \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name of Parent/Legal Guardian: \_\_\_\_\_

Signature of Parent/Legal Guardian: \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_ Date: \_\_\_\_\_

**Required Information: (Please Print Legibly)**

Name of Participant: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Current Grade: 6<sup>th</sup> | 7<sup>th</sup> | 8<sup>th</sup> | 9<sup>th</sup> | 10<sup>th</sup> | 11<sup>th</sup> | 12<sup>th</sup>  
(please circle) class of 2030 | class of 2029 | class of 2028 | class of 2027 | class of 2026 | class of 2025 | class of 2024

Student's Name: \_\_\_\_\_

Name of Emergency Contact: \_\_\_\_\_

Emergency Phone Numbers:

(Day) \_\_\_\_\_

(Evening) \_\_\_\_\_

(Mobile) \_\_\_\_\_

Medications Participant is taking while participating in Activities: \_\_\_\_\_

\_\_\_\_\_

Allergies: \_\_\_\_\_

Medical Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Medical Insurance Company phone number: \_\_\_\_\_

Contact within \_\_\_\_\_ hours.

Primary Care Physician: \_\_\_\_\_

PCP phone number: \_\_\_\_\_

PCP address: \_\_\_\_\_

**SPECIAL INSTRUCTIONS:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Student's Name: \_\_\_\_\_