



Minor Participation Authorization & Consent to Emergency Medical Treatment Form

This form must filled out in its entirety or the minor child will not be allowed to participate in the activity referenced. Please include a copy of your child's insurance card (front & back).

Minor Child's Name:	Date of Birth:
Address	Age:
City:	State & Zip:
Cell Phone:	Sex: M / F
Parent Name & Cell Phone:	Home Phone:

I, the undersigned, certify that I am the parent or legal guardian of the above-named minor child. I hereby give my consent to have my minor child participate in the following activity of Willmar Assemblies of God: _____

(hereafter "the activity") on or about _____, 20_____.

Assumption of Risk: I agree to assume the "Known Risks" associated with ministry events and activities sponsored and organized by Willmar Assembly of God. Specifically:

1. If you are injured as a result of the occurrence of one of these Known Risks, then you will look first to your own insurance company for coverage. You will then look to the applicable insurance carried by Willmar Assembly of God, but only to the extent of applicable limits. As a condition precedent to your utilization of Willmar Assembly of God property, you agree that you will not assert any claim or judgment against the assets of Willmar Assembly of God and its affiliates in excess of its applicable insurance coverage.
2. These "Known Risks" include, but are not limited to, indoor and outdoor sports, playground facilities and activities, and all other necessary or related activities including, but not limited to, the set-up or clean-up of these activities.

Voluntary Agreement to Limit Claims for Negligence to the Amount of Applicable Insurance: As consideration offered to induce Willmar Assembly of God to agree to accept this Form, you agree to voluntarily limit your "Claims" for damages to the amount of applicable insurance. All loses or expenses in excess of the amount of applicable insurance must be borne by you. The word "Claims" means costs, expenses, claims or damages arising from negligence, gross negligence, strict liability, derivative liability or otherwise, including injury, accident, sickness, loss or accident losses or additional expenses due to delays or changes.

Medical Treatment Authorization: In case of an emergency, I/we authorize an adult, in whose care my minor child has been entrusted, to consent to medical attention and/or x-ray examination. I understand that in the event medical intervention is needed, every attempt will be made to contact the person(s) listed on this form immediately. In the event that I cannot be reached in an emergency during the activity dates shown on this form, I hereby give my permission to the physician or dentist selected by the leader to hospitalize and secure medical treatment deemed necessary. I understand all reasonable safety precautions will be taken at all time by Willmar Assemblies of God and its agents during the events and activities. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold Willmar Assemblies of God, its trustees, officers, directors, employees, agents, representatives and volunteer staff liable for any damages, losses, or injuries incurred by the person on this form.

Printed Name:	Date:
Signature of Parent/Guardian:	Date:

Hospital Insurance: <input type="checkbox"/> Yes <input type="checkbox"/> No	Emergency Phone Number(s):
Insurance Company:	Insured's Social Security #:
Policy #:	Child's Social Security #:
Medications to be administered at this event/activity:	
Allergies	

Leader's Initials: _____ Date: _____

**WHIRLYBALL TWIN CITIES
ACKNOWLEDGEMENT, RELEASE AND WAIVER**

In consideration for being allowed to participate in the activities offered by WBTC, LLC (d/b/a "WhirlyBall Twin Cities"), including the use of the premises, facilities and equipment (collectively, the "Facilities"), I hereby acknowledge and agree to the following:

- **Assumption of Risk:** I understand that use of the Facilities involves certain risks, including the risk of personal injury, permanent disability, death, or property loss or damage, resulting from (a) collisions or contact with or between persons, equipment, objects or structures, (b) sudden acceleration or stops, (c) use of equipment that malfunctions or breaks, and/or (d) slipping or tripping. I fully assume all risks, known and unknown, involved in or arising from my use of or presence upon the Facilities.
- **Release & Indemnity:** To the fullest extent permitted by law, I release, discharge and agree not to sue WhirlyBall Twin Cities or its successors, assigns, affiliates, landlords, officers, directors, members, employees, agents and representatives (collectively, "Releasees") in connection with any claims, demands, causes of actions, judgments, injuries, damages, costs or expenses of any kind whatsoever (collectively, "Damages") arising out of my use of or presence upon the Facilities, whether or not caused by the negligence of Releasees. I also agree to indemnify, defend and hold harmless Releasees from any such Damages.
- **Participant Behavior:** I will follow all rules and regulations for use of and presence upon the Facilities, including posted information and directions given by representatives of WhirlyBall Twin Cities. I accept responsibility and agree to pay for any and all damages to the Facilities caused by my actions.
- **Physical Condition:** I understand that I should not play WhirlyBall if I am (a) pregnant and/or (b) suffering from any (i) heart condition or high blood pressure, (ii) spinal, muscular, back, neck, joint or skeletal defect or injury, (iii) vision or balance impairment, or (iv) other condition that could be aggravated by, or compromise the safety of myself or others when, using the Facilities.
- **Use of Images:** I consent to the taking photographs and/or video of my participation in activities offered by WhirlyBall Twin Cities, and I consent to the use of my name, face, likeness, voice and appearance in connection with publicity, advertising, promotional materials and websites, without reservation or limitation.

I have carefully read and fully understand this entire document. I will not use any part of the Facilities unless and until all questions I have about this document, WhirlyBall, and/or the Facilities have been satisfactorily answered by a representative of WhirlyBall Twin Cities. I voluntarily agree, on behalf of myself and my personal or legal representatives, successors, heirs, executors, administrators and assigns, to all terms and conditions set forth above.

Name (please print): _____ Age: 18 or Older Under 18

Address: _____

E-mail (optional): _____ Phone (optional): _____

Signature: _____ Date: _____

(Participant information is for identification purposes only, and will not be shared or used for any marketing purposes.)

If participant is under 18 years of age (signature of parent or legal guardian)

I hereby execute the foregoing for and on behalf of the participant named above. I hereby bind myself, the participant and all other assigns to the terms of the Acknowledgement, Release and Waiver. I represent that I have the legal capacity and authority to act for and on behalf of the participant, and I agree to indemnify and hold harmless the Releasees from any Damages resulting from any insufficiency of my legal capacity or authority to act for and on behalf of the participant.

Name (please print): _____

Signature: _____ Date: _____