

**GENERAL WAIVER & LIABILITY RELEASE**  
**Watermark OC Church Minors**

**Personal Information:**

Name of Child \_\_\_\_\_

Age of Child \_\_\_\_\_ Birth Date \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Child's Email Address \_\_\_\_\_

Parent/Guardian Name(s) \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Parent/Guardian Email Address \_\_\_\_\_

**Emergency Contact (if parent cannot be reached):**

1. Name \_\_\_\_\_

Phone # \_\_\_\_\_

Relation to Child \_\_\_\_\_

2. Name \_\_\_\_\_

Phone # \_\_\_\_\_

Relation to Child \_\_\_\_\_

**Medical and Insurance Information:**

Special medical needs or concerns (allergies, conditions, dietary needs, medications, etc):

\_\_\_\_\_

Any swimming or activity restrictions:

Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, describe \_\_\_\_\_

Insurance Company \_\_\_\_\_ Phone # \_\_\_\_\_

Insurance Policy # \_\_\_\_\_

Medical Doctor \_\_\_\_\_ Phone # \_\_\_\_\_

Date of Last Tetanus Shot \_\_\_\_\_

**Functions and Activities** Prior to my child's participation in the programs and events/activities of Watermark OC Church, I acknowledge that certain risks are associated with these activities, including, by way of example, physical injury due to activity-related accidents, physical injury due to transportation related accidents, illness or even death. I further authorize my child to travel with representatives of Watermark OC Church in private or other vehicles to any such events so conducted. In addition, I acknowledge that there may be other risks inherent in these activities of which I may not be presently aware.

I, the undersigned, understand that Watermark OC Church involves kids and that participants in this activity will be in a public setting. I further understand that while Watermark Church Staff and Volunteers may be trained in basic first aid and CPR, they are not medical professionals and are not trained to diagnose, monitor or treat chronic or acute medical conditions, whether preexisting or caused by participation in programs and events/activities of Watermark OC Church. THE

UNDERSIGNED HEREBY GIVE OUR CONSENT TO AND AUTHORIZE THE CHILD NAMED ABOVE TO PARTICIPATE IN ALL PROGRAMS/EVENTS/ACTIVITIES CONDUCTED BY WATERMARK OC CHURCH.

**Liability Release** In return for allowing my child to participate I, on behalf of my child and for myself, hereby waive, release, and discharge any and all claims for damages for death, personal injury, disability or property damage of any kind which may hereafter accrue to Minor or myself as a result of his/her participation in this activity. This release is expressly intended to discharge in advance Watermark Church and its employees, and volunteers from and against any and all liability arising out of or connected in any way with my child's participation in this activity.

**Volunteer Driver Acknowledgement** I understand that my child may be transported by volunteer drivers to and from church-sponsored activities. I acknowledge and agree that: Volunteer drivers possess valid driver's licenses and maintain adequate vehicle insurance coverage. Volunteer drivers will comply with all traffic laws and safety protocols. There are inherent risks associated with transportation. Watermark Church cannot guarantee the safety of passengers during transportation. I waive, release, and discharge Watermark Church, its staff, and volunteers from any and all liability, claims, demands, actions, or causes of action arising out of or related to any loss, damage, or injury, including death, that may be sustained during transportation.

THIS WAIVER AND RELEASE WILL APPLY EVEN THOUGH LIABILITY MAY ARISE OUT OF NEGLIGENCE OR CARELESSNESS ON THE PART OF THOSE DISCHARGED INCLUDING THEIR EMPLOYEES AND VOLUNTEERS, AND INCLUDING GROSS NEGLIGENCE TO THE EXTENT THAT SUCH WAIVER AND RELEASE IS PERMITTED BY CALIFORNIA LAW.

**Medical Release** I, the undersigned, acknowledge that Watermark Church sponsors the above-named activity and realize that NO MEDICAL INSURANCE IS PROVIDED. I, the parent/guardian of the above named minor, hereby approve his/her participation in the programs and events/activities of Watermark OC Church. Further, I consent to give permission for agent of Watermark OC Church to seek and secure any needed medical treatment for the child, including hospitalization, if in the opinion of the agent such a need arises. Further, I authorize the agent of Watermark OC Church to consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is rendered under the general or special supervision of, any physician, surgeon, or dentist licensed under the laws of the State or County in which the medical care is being sought and on medical staff of any hospital.

It is understood that this authorization is given in advance of any X-ray examination, anesthetic, medical, or surgical diagnosis or treatment and hospital care being required but is given to provide authority and power on the part of the agent to give specific consent to any and all such examination, anesthetic, diagnosis, treatment, or hospital care which the aforementioned physician, surgeon, and/or dentist, in the exercise of his/her best judgement, may deem advisable. I hereby authorize any hospital, which has provided treatment to my child to surrender physical custody of the child to the agent upon completion of treatment. I expect that the activity supervisors will make an effort to contact me, time permitting, before any treatment other than minor first aid is administered.

**Publicity** On occasion Watermark OC Church takes photographs or makes an audio or videotape recording of children and/or adults involved in church activities. Such photographs or video records may be used by staff and participants to remember the activities and participants. In addition, such photographs or video records may be used in Watermark OC Church's publications or advertising materials to let others know about our ministry. In addition, local news organizations may hear of our activities or events, and Watermark OC Church may allow them to photograph or record our events for news reporting on special interest features. I understand that I will not receive compensation for the use of the pictures. I consent to the use of any such audio or visual record of the child named above to be used, distributed, or displayed as agents of Watermark OC Church see fit. This consent includes but is not limited to: photographs, videotape, audio recordings, and the Church's web page.

**PARENT OR GUARDIAN SIGNATURE**

I represent that I am the parent/guardian of \_\_\_\_\_, who is under 18 years of age (or is 18, still in high school, and under my care). I have read the above form and am fully aware of the contents thereof.

I give permission for the child named above to participate in the activities of Watermark OC Church, including any special events/activities. In consideration for allowing the participation of the child in the activities of Watermark OC Church, I hereby consent to the above terms on behalf of the child and agree that this form shall be binding upon me, my family, heirs, legal representative, successors, and assigns.

Parent or Guardian Signature \_\_\_\_\_ Date Signed \_\_\_\_\_

Parent or Guardian Print Name

VALID FROM January 1st 2024 to December 31st 2024