

# ODPC Waiver and Release of Liability

Please check/mark one of the options:

Student  Volunteer

I, the undersigned, FOR GOOD CONSIDERATION, the receipt of which is hereby acknowledged, jointly and severally hereby forever release, discharge, acquit and forgive Open Door Presbyterian Church (hereinafter "ODPC") and its agents and assigns from all actions, claims, demands, damages, obligations, liabilities, controversies and executions, of any kind or nature whatsoever, whether known or unknown, whether suspected or not, which have arisen, or may have arisen, or shall arise from incident(s) related to or arriving from \_\_\_\_\_ (Child's Name) participation in any

athletic and/or physical activity, whether organized or spontaneous, on the premises of the Open Door Presbyterian Church.

I specifically waive any claim or right to assert any cause of action or alleged cause of action or claim or demand which has, through oversight or error intentionally or unintentionally or through a mutual mistake, been omitted from this Waiver and Release of Liability. This Waiver and Release of Liability shall be binding upon and inure to the benefit of the parties, their successors, assigns and personal representatives.

Furthermore, in consideration for the rights and privileges associated with participation in any athletic and/or physical activity, I, the undersigned, acknowledge and agree to be bound by the following:

**1. IDENTIFICATION OF RISKS.** I understand that participation in any athletic and/or physical activity is dangerous, involves risk or serious injury, death, and other losses both to person and property. I understand that these injuries and losses might result not only from my action, but the actions, inaction or negligence of others.

**2. ASSUMPTION OF THE RISKS.** I agree that I am responsible for my safety while participating in athletic and/or physical activities and that such responsibility includes participating only when I am physically and mentally prepared to participate safely. I assume all risks associated with responsibility for any injury or loss connected with my participation in athletic and/or physical activities. I further agree that at any point, if I feel endangered either by my own action or those of others, I am free to withdraw from the athletic and/or physical activities and will do so of my own free will.

**3. WAIVER.** Aware of these risks and willing to assume them, I hereby waive, release and hold harmless ODPC and its affiliates, subsidiaries, officers, directors, employees, agents, coaches, doctors, officials, event organizers, volunteers, or sponsors (hereinafter "Released Parties") from all claims, by me for any liability, injury, known or unknown, loss or damage in any way connected with my participation in athletic and/or physical activities. I intend for this Waiver and Release of Liability to also apply to any relatives, personal representatives, heirs, beneficiaries, next of kin or assigns whom might pursue any legal action or claim on my behalf.

**4. APPLICABLE LAW.** This Waiver and Release of Liability is formed under and is to be interpreted consistent with the laws of the Commonwealth of Virginia.

**5. INSURANCE.** I currently have and agree to maintain valid and sufficient medical insurance throughout the time that I participate in athletic and/or physical activities. I understand that this is my sole responsibility and I release ODPC from providing this coverage for me.

**6. AUTHORIZATION FOR PHOTO/VIDEO USE.** hereby grant Open Door Presbyterian Church ("ODPC") the irrevocable right and permission to use my child's name, likeness, image, voice, and/or appearance as such photographs and/or video recordings on ODPC and other websites and in publications, promotional flyers, educational materials, derivative works, or for any other similar purpose. I agree that ODPC has complete ownership of such pictures, etc., including the entire copyright, and may use them for any purpose consistent with ODPC's mission. I acknowledge that I will not receive any compensation, etc., for the use of such pictures, etc.

**7. SIGNATURE.** I acknowledge that I have read this Waiver and Release of Liability carefully and, having done so, sign it voluntarily. I also hereby acknowledge that the information provided below is correct.

\_\_\_\_\_  
Print Full Name of Grove Student  
/Volunteer

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Grade

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Full Name of Guardian/Parent

\_\_\_\_\_  
Signature

**Open Door Presbyterian Church  
Medical Authorization Form**

All medications must be in their original container in order to be administered during the 2024 Summer ODPC Retreat.

**Student's Full Legal Name:** \_\_\_\_\_ **DOB (MM/DD/YY):** \_\_\_\_\_

**Emergency Contact**

**Name (First & Last Name):** \_\_\_\_\_ **Relationship to Student:** \_\_\_\_\_

**Name (First & Last Name):** \_\_\_\_\_ **Relationship to Student:** \_\_\_\_\_

**Allergies/ Reaction:** Please list all allergies (medication, food, bee stings, poison ivy, etc.) and describe the nature of the reaction (Rash, hives, difficulty breathing, etc.,)

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**Medical Conditions:** Please list all medical conditions (asthma, diabetes, cardiac disorders, history of heat illness or cramping, etc.)

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**Current Medication:** Please include any medications that must be administered during the 2023 Winter ODPC Retreat.

**Name of Medication (including strength):** \_\_\_\_\_ **Dosage to be Given:** \_\_\_\_\_

**Route of Administration:** \_\_\_\_\_

**Frequency to be administered (# of times per day or specific times) or symptoms that will necessitate administration of medication):** \_\_\_\_\_

**Action to be taken if side effects are noted (Who should be contacted):** \_\_\_\_\_

**For Epi-Pens and inhalers: Check the box below if you authorize your child to carry his/her medication because there is a need for it be immediately accessible and your child can self-administer if needed.**

Authorization to carry medication

Authorization to self-administer

**Insurance Information**

**Health Insurance Company:** \_\_\_\_\_

**Policy Number:** \_\_\_\_\_ **Group Number:** \_\_\_\_\_

**Name of Policy Holder:** \_\_\_\_\_ **Relationship to Student:** \_\_\_\_\_

By signing below, I certify the following:

I am authorized to execute this document and make decision on behalf of my child as his/her parent or legal guardian. In an event, any accident, illness, injury or medical condition arises in connection with my child's participation in the 2024 ODPC Summer Retreat, I hereby authorize OPDC, including any of its employees, staff or agents to obtain medical treatment for my child as the same may be deemed reasonably necessary by such parties and as a reasonable accommodation under the American with Disabilities Act (ADA).

**Parent/ Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Student's Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

# SANDY COVE MINISTRIES ACTIVITIES WAIVER FORM

Name of person signing form: \_\_\_\_\_

Room/cabin/campsite number: \_\_\_\_\_ Dates at Sandy Cove: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Home phone: \_\_\_\_\_

I am signing this form for myself and on behalf of the following people, all of whom are members of my immediate family or under my legal care (my “family members”). I have authority to sign this form for all of my family members.

**Activities that are authorized:**

<u>Name</u>	<u>Age</u> <sup>1</sup>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

<b>Marina</b> (all ages) <b>Rock Wall</b> (ages 8 and up) <b>Big Swing</b> (ages 12 and up) <b>Zip Line</b> (ages 12 and up)
Please note that not all activities are offered at all times – signing a waiver does not guarantee their availability during your stay.

<sup>1</sup> “A” for adults; age in years for children under 18.

- I give permission for my family members to take part in the marina, rock wall, zip line, big swing and trapeze activities during our stay at Sandy Cove, as permitted by age restrictions.
- My family members and I all understand that these activities can be dangerous. People can be injured or even killed through human error, equipment failure, or for no known reason.
- I accept all responsibility for any harm that any of my family members may suffer through our participation in these activities. I agree to indemnify, defend and hold harmless Sandy Cove, whether the loss arises from the negligence of the camp or otherwise. We waive all claims for liability against Sandy Cove or anyone connected with Sandy Cove.
- I agree that all of my family members will follow the rules posted at each activity site, and will completely follow any instructions given by Sandy Cove staff people.
- My family members are physically and mentally fit for these activities. I authorize, and agree to pay for, any emergency medical care that my family members may need.
- **I have read this form carefully. I understand that by signing it I am giving up all claims of any kind for loss or injury in connection with the authorized recreational activities. I am doing this in exchange for my family’s privilege of taking part in these activities.**
- Any claim or dispute arising from or related to this agreement shall be settled by mediation and, if necessary, legally binding arbitration in accordance with the *Rules of Procedure for Christian Conciliation* of the Institute for Christian Conciliation, a division of Peacemaker® Ministries (complete text of the Rules is available at [www.Peacemaker.net](http://www.Peacemaker.net)). Judgment upon an arbitration decision may be entered in any court otherwise having jurisdiction. The parties understand that these methods shall be the sole remedy for any controversy or claim arising out of this agreement and expressly waive their right to file a lawsuit in any civil court against one another for such disputes, except to enforce an arbitration decision.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_