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Volunteer & Medical Waiver of Liability & Agreement

In consideration of my participation in all Volunteer Activities at Alpha Christian Church, School & Ranch, Inc., I, _____, hereby release Alpha Christian Church, School & Ranch, Inc., its Board, employees, volunteers or agents, [hereinafter, the “releasees”] from any and all liability for loss or damage to property, illness, personal injury, or wrongful death, whether caused by the negligence of the releasees or otherwise, while I am in, upon, or about the premises or any facilities, vehicles, or equipment owned by Alpha Christian Church, School & Ranch, Inc. or other releasees.

I understand that it is my choice to engage in any and all activities. I agree to assume full responsibility for all costs associated with damage or loss of property, medical expenses from sickness or personal injury, or otherwise that may occur while volunteering for Alpha Christian Church, School & Ranch, Inc.

I hereby grant authority for Alpha Christian Church, School & Ranch, Inc. to seek appropriate medical treatment and to make health care decisions on my behalf in case of medical emergency.

I have read the Volunteer Handbook and agree to its rules and regulations. I will conduct myself appropriately, as outlined in the Handbook, at all times while on the premises of, or engaged in any activity of Alpha Christian Church, School & Ranch, Inc.

I give permission for Alpha Christian Church, School & Ranch, Inc. to use any pictures or video footage taken of myself to be used in such promotional materials such as, but not limited to, the Newsletter and Website published by Alpha Christian Church, School & Ranch, Inc.

I understand that this agreement is intended to be as broad and inclusive as is permitted by the law of the State of Kansas and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I Have Read and Agree to this Release and Waiver of Liability.

Participant: _____ **Date:** _____

Parent or Guardian: _____ **Date:** _____

*If participant is under the age 18 the signature of a Parent or Legal Guardian is REQUIRED

Address: _____ **Phone #** _____

City, State, Zip: _____ **E-mail:** _____

Emergency Contact: _____ **Phone #** _____

Insurance & Medical Information (REQUIRED):

Insurance Company Name: _____

Policy Holder _____ **Policy Number** _____

Allergies (medicine, food, insect bites, etc . . .)

Medical conditions we should be aware of in case of emergency:
