

**COLLEGE CHURCH IN WHEATON STUDENT MINISTRIES**  
**ALL-YEAR PARTICIPATION AGREEMENT**  
**INCLUDING RELEASE AND WAIVER OF LIABILITY**

**May 1, 2021 to May 31, 2022**

**(This form does not supersede nor take the place of any church policy.)**

College Church in Wheaton (CCIW) welcomes your child's participation in the Student Ministries Program. It is necessary however, for CCIW and you to have an understanding regarding CCIW's responsibility and your responsibility in the event of an accident or illness involving any participant in the Student Ministries Program. We, therefore, ask you to read and agree to the following terms and conditions:

I, the parent and/or legal guardian of \_\_\_\_\_, ("Participant") consent to allow

Participant to participate in the Student Ministries Program ("SMP") conducted by CCIW. In consideration of Participant being allowed to participate in the SMP, I hereby acknowledge and agree as follows:

- 1) Participant's participation in the SMP is entirely voluntary.
- 2) CCIW shall not be responsible for any of Participant's personal property that is lost or damaged by fire, theft, other participants, or staff.
- 3) CCIW reserves the right to dismiss, temporarily or permanently, any participant whose conduct is deemed, by the SMP staff, to be detrimental to Participant, other participants, staff or any aspect of SMP.
- 4) CCIW reserves the right to deny enrollment, admission, or participation of any SMP participant to all or part of any SMP program if the SMP staff determines that the participant appears to have a physical or emotional condition which impedes their ability to fully participate in an SMP activity or activities, or prevents other participants from fully participating.
- 5) CCIW reserves the right to use photographs of any SMP participant taken at any SMP activity in promotional and/or other materials produced in conjunction with CCIW Student Ministries Program. The use of such photos by CCIW shall not entitle Participant to any compensation from CCIW.
- 6) I certify that Participant is in good physical and mental health and does not have any physical or mental conditions which could affect Participant's ability to participate in SMP activities. I realize that Participant's participation in SMP activities involves some element of risk, as a result not only of Participant's actions, inactions or negligence but also from the actions, inactions or negligence of others and the condition of the facilities, equipment or areas where activities are conducted.
- 7) I understand that Participant may travel to or from various SMP activities in vans (including, but not limited to, 12- and 15- passenger vans) or on buses leased or owned by CCIW. I understand that they may also be traveling in other privately owned vehicles, which are not covered under College Church insurance. I acknowledge that such travel has inherent risks which I willingly assume. I take responsibility to get participant to the location from where transportation to the event will occur.
- 8) Knowing and understanding the risks involved with participation in SMP, I hereby voluntarily and willingly assume full and complete responsibility for all losses and damages, including injury, illness and death, resulting from Participant's participation in the SMP, including transportation to and from the SMP activities. I agree to be financially responsible for any losses and damages resulting from Participant's participation in the SMP.
- 9) Participant has health insurance coverage appropriate for his/her participation in the SMP. I understand that CCIW does not provide any insurance for Participant in connection with his/her participation in the SMP.
- 10) I hereby agree I will not sue or make claims against and I will forever release, indemnify and hold harmless CCIW, its employees, agents, successors and assigns, singularly and collectively, from and against any blame and liability for any injury, harm, loss, inconvenience or any other damage of any kind whatsoever, which may result from or be connected in any way to Participant's

participation in SMP activities, however caused or alleged to be caused, including injuries caused in whole or in part by the negligence of CCIW, its representatives, agents, employees, instructors, or participants.

- 11) I further understand that CCIW does not assume responsibility for any loss, injury or damage to person or property in connection with the SMP activities, including transportation to and from, however caused or alleged to be caused.
- 12) I agree this Release covers each and every time Participant participates in any activity of CCIW, whether on premises owned or operated by CCIW or at any other location.
- 13) Should any one or more of the provisions of this agreement be determined to be unenforceable, all other provisions of this Agreement shall nevertheless be effective and shall not be affected by such unenforceability.

\_\_\_\_\_  
Parent/Guardian Name (printed)                      Parent E-mail

\_\_\_\_\_  
Student Name (printed)                      Student Birth Date                      Student Grade                      Student School (2021-2022)

\_\_\_\_\_  
Home Address                      City, State, Zip

\_\_\_\_\_  
Parent Contact Phone (1)                      Parent Contact Phone (2)                      Emergency Contact Phone (3)

Special Concerns: Has your child ever been diagnosed with a chronic, transmittable disease such as AIDS, HIV, hepatitis? Yes \_\_\_ No \_\_\_

Are there any other concerns we should be aware of? (special medications; allergies; custody issues; physical, mental or learning challenges, etc.): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Family Doctor Name                      Doctor Phone

\_\_\_\_\_  
Insurance Company                      Group #                      Policy #

In the event that my child is injured and I cannot be reached, I grant permission to the adult in charge of my son/daughter for emergency medical treatment and I agree to be financially responsible for that treatment.

I have read and understand the above provisions and it is my intention that by signing below I will bind myself, my spouse, the participant, and my and the participant's heirs, successors, executors, estate and dependents to the terms stated above.

\_\_\_\_\_  
Parent/Guardian Signature                      Date