

**Roopville Road Baptist Church, Inc. (“Church”)**  
Liability Release, COVID-19 Release,  
Emergency Medical Treatment Authorization

Child Name: \_\_\_\_\_

Grade \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

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

Parent(s)/Guardian(s) Phone Numbers: \_\_\_\_\_

Activity: \_\_\_\_\_

Description of Activity: \_\_\_\_\_

**I understand that participation in this Activity is not required. The Activity is voluntary and will expose my child/children (“Child”) to risks of injuries.** I understand that participation in the Activity, involves a certain element of risk. I understand that any transportation during and participation in the Activity will expose Child to risks of injuries. Some of these hazards and risks are foreseeable, but some are unforeseeable. Examples of risks include, but are not limited to, physical injury, emotional injury, property damage, economic loss, noneconomic loss, and deprivation of rights, privileges, and immunities. Some of these hazards and risks cannot be eliminated due to the nature of the activities. **I understand that these risks could cause harm to Child, his/her property, and other persons.**

The novel coronavirus (“COVID-19”), has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. While rules, guidance, and personal discipline may reduce this risk, the risk of serious illness and death does exist. **Church cannot completely mitigate the transfer of communicable diseases like COVID-19 especially when involved in the Activity. Participation in the Activity includes possible exposure to and illness, injury, or death from infectious diseases including COVID-19.**

I am familiar with the Centers for Disease Control and Prevention (“CDC”) guidelines regarding COVID-19. I acknowledge and understand that the circumstances and symptoms regarding COVID-19 are changing from day to day and that, accordingly, the CDC guidelines are regularly modified and updated, and I agree to accept full responsibility for familiarizing myself with the most recent CDC modifications and updates.

I affirm that neither I, my Child, nor any person residing in my household, have been diagnosed with, demonstrated any symptoms of, or have in any way knowingly been exposed to COVID-19, within the past fourteen (14) calendar days. I further affirm that I have not been notified within the past fourteen (14) calendar days that I, my Child, or any person residing in my household, has been exposed to COVID-19.

I agree that if I, my Child or any person residing in my household, begin to experience symptoms similar to COVID-19, or if I, or any person residing in my household, are notified that I/they have been exposed to or infected with COVID-19 that my Child will immediately cease participating in the Activity. Furthermore, if I, my Child or any person residing in my household, are notified that I/they

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have been diagnosed with COVID-19 and I/they have participated in the Activity within the last fourteen (14) calendar days from the date of diagnosis, that I will immediately notify Church of the diagnosis, and I authorize Church to notify others who might have been exposed of the diagnosis.

I acknowledge that I am aware that by participating in the Activity that there is a risk of being exposed to COVID-19, and/or any mutation or variation thereof. I am also aware that such an exposure can occur either directly or indirectly whether or not a mask and/or gloves are worn and that Church cannot guarantee that by participating in the Activity that there will be no exposure to COVID-19. I further acknowledge that while certain individuals are more susceptible to becoming seriously ill if they contract COVID-19 (such as people over 65, people with serious underlying health conditions, and those with compromised immune systems), anyone, including a healthy person, is susceptible to contracting COVID-19. I have independently evaluated and reviewed the risks of being exposed to or infected by COVID-19 and have determined that my Child may participate in the Activity with full knowledge and acceptance of the risks.

In consideration for providing Child the opportunity to participate in the Activity, fully recognizing the dangers and hazards inherent in participating in the above mentioned Activity and any related transportation to and from Activity events, **both Child and I voluntarily agree to waive and discharge any and all claims against the Church**, its Board of Directors, the individual members thereof, and all officers, agents, employees, volunteers, and representatives (“Releasees”) **and release them from liability for any loss regardless of cause**, including claims related to exposure to or illness or injury from an infectious disease including COVID-19, and claims for any negligent actions of the Releasees, to the fullest extent allowed by law, for myself, Child, our estates, our heirs, our administrators, our executors, our assignees, and our successors. I also agree to release, exonerate, discharge and **Hold Harmless** the Releasees from all liability for any loss, claims, causes of action, or demands, including attorney fees, arising out of injuries of any kind to me, Child, or to our property, or losses of any kind which may result from or in connection with Child’s participation in the Activity, up to and including injuries stemming from the negligent actions of the Releasees. **I further certify and represent that I have the legal authority to waive, discharge, release, and hold harmless the released parties on behalf of Child.**

In the event that Child may require emergency medical treatment while participating in the Activity, I authorize the Church and its employees to secure the services of a physician or hospital, and to incur the expenses for necessary services in the event of an accident or illness and I will provide for the payment of these costs.

This Agreement is intended to be as broad and inclusive as is permitted by law. If any provision or any part of any provision of this Agreement is held to be invalid or legally unenforceable for any reason, the remainder of this Agreement shall not be affected thereby and shall remain valid and fully enforceable.

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

Signature of Child: \_\_\_\_\_ Date: \_\_\_\_\_

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**Medical Information:**

Known allergies (drug or natural) \_\_\_\_\_

Special medication being taken \_\_\_\_\_

Date of last tetanus shot \_\_\_\_\_

History of serious medical conditions \_\_\_\_\_

\_\_\_\_\_

Any physical restrictions \_\_\_\_\_

Other conditions \_\_\_\_\_

Family Doctor \_\_\_\_\_

Parent or Guardian phone number: Work: \_\_\_\_\_ Home: \_\_\_\_\_ Other: \_\_\_\_\_

Insurance Company Name: \_\_\_\_\_ Policy #: \_\_\_\_\_