



MEDICAL AUTHORIZATION and RELEASE/WAIVER OF LIABILITY

**A COMPLETED WAIVER IS REQUIRED FOR EVERY REGISTRANT
—ADULTS AND YOUTH— TO ATTEND IYC2010.
WAIVERS MUST BE RECEIVED BY MAY 12, 2010.**

**CHURCH OF GOD MINISTRIES, INC.
IYC 2010 / IMPACT Orlando and STW Mission Experiences**

The undersigned participant (“Participant”) in IYC/IMPACT Orlando, sponsored by Church of God Ministries, Inc., in Orlando on July 15–18, 2010 and Participant’s parent(s) or legal guardian(s) (if Participant is under 18), in consideration of the benefits received from Participant’s participation in IYC/IMPACT Orlando, individually affirm and agree for July 15 through July 18, 2010 that:

1. **Acknowledgment of Risk.** I fully understand and acknowledge that participating in IYC/IMPACT Orlando activities may entail hazards, dangers, and other risks to bodily health, safety, and well being. Such activities, risks, hazards, and dangers may include, but are not limited to, the following: inflatable game activities, dehydration, general transportation issues, hotel safety, city threats, exposure to illness, theft/loss of personal belongings, loud music, exposure with homeless individuals, protesters, and crowded areas, etc. I understand that the risks and dangers inherent in these activities may be caused by the negligence of Participant in the activity, the negligence of others, accidents, breaches of contract, forces of nature, human hostilities, or other causes, and knowingly accept those risks.
2. **Obligations of the Participant.** As a condition of participating in IYC/IMPACT Orlando, Participant shall (1) learn and consistently follow the rules governing IYC/IMPACT Orlando and its associated activities, (2) obey all instructions of IYC/IMPACT Orlando staff and volunteers, and (3) alert IYC/IMPACT Orlando staff immediately of any dangers or hazards to the safety of any individual(s) in IYC/IMPACT Orlando that Participant perceives.
3. **Permission.** I give permission for Participant to participate in IYC/IMPACT Orlando and all of its associated activities, including but limited to those described in Section 1, above. I also authorize IYC/IMPACT Orlando and Church of God Ministries, Inc. its agents, and any agencies it works in conjunction with to provide medical treatment to Participant, as specified below in Section 5, below, “Medical Authorization.”
4. **Liability Waiver/Release.** In consideration of Participant’s participation in IYC/IMPACT Orlando, and intending to be legally bound, I hereby, for myself, my heirs, executors, and administrators, assume all risks and dangers identified above and hereby agree to release and hold harmless IYC/IMPACT Orlando and Church of God Ministries, Inc., its service providers, employees, volunteers, directors, officers, other agents, and any agencies it works in conjunction with from any and all liabilities, claims, demands, actions, or losses for or from bodily injury, property damage, sickness, wrongful death, loss of services, or otherwise, which may arise out of Participant’s participation in IYC/IMPACT Orlando or related activities and which may arise out of Participant’s participating in any activity associated with IYC/IMPACT Orlando.
5. **Medical Authorization and Release.** I understand that Church of God Ministries, Inc., will make every effort to contact Participant’s parent and/or guardian (if Participant is under 18 years of age) in the event of a medical emergency. Nevertheless, I hereby give permission and authorize IYC/IMPACT Orlando and Church of God Ministries, Inc. and its agents, at any time they believe an emergency exists, to provide, facilitate, and consent to the provision of any first aid, doctor’s care, hospitalization, surgery, transportation to medical facility, and/or any other form of medical care or treatment that IYC/IMPACT Orlando and Church of God Ministries, Inc., determines that Participant may need because of illness, injury, or other health problems that Participant may suffer while participating in IYC/IMPACT Orlando or its associated activities. I agree to be financially responsible for any medical bills incurred as a result of

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